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## ELEPHANTIASIS PUDENDA.

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Was called by Prof. A. E. Small, M.D., of this city, during the month of July, 1878, to consult in the case of a young woman. The patient was nineteen years of age, of Bavarian extraction, of light complexion and hair, and a leuco-phlegmatic temperament. She gave the following history of her case:

Upward of twenty months prior to the time referred to, she contracted syphilis while a resident—employed as a servant—in a house of ill-fame. She first noticed, according to her own statement, a discharge from the vagina, accompanied by an itching and burning sensation, especially when passing urine, which she did more frequently than usual, only in small quantities. She also noticed some small eruptions, which first appeared as pimples, and afterward broke, forming ulcers. These continued to increase in proportions until a number had formed of considerable size, which discharged a sero-ichorous matter that irritated and inflamed all the adjacent parts with which it came in contact. They were located on the mucous surfaces, within the external labia and vulva, and were soon followed by sympathetic buboes in both inguinal regions; these proceeded to suppuration in due time. She furthermore stated that she applied to the mistress of the house (desiring to know what was the matter) and asked her advice. The woman gave her some blue powders, directing her to make a wash of them and use in form of injection. She also directed her to take some pills and salts, to purify her blood, which the patient did. The after effects produced by the medicines taken inwardly were soreness and swelling of the gums (attended with considerable flow of saliva), and the loosening of some of her teeth. She also had swelling of the lymphatic glands of the neck and throat. The injection (which was undoubtedly composed, from her description, of *sulphate of copper*), when used, produced a great deal of pain and distress; also aggravated the desire for frequent urination. The buboes on both sides in the inguinal regions became red, inflamed, swollen; then broke and discharged after the use of flaxseed poultices.

She took various kinds of medicines after this, that had been recommended to her, but did not know what they were. For a year subsequently she treated herself in this manner, occasionally consulting some one of the many self-styled specialists, and for which our city is so noted, but with no decided or beneficial result. A secondary eruption made its appearance upon the skin about nine months after the first invasion of the system, the former acute symptoms meanwhile having abated somewhat, the buboes having healed, likewise some of the chancres, at least those that were within reach of her inspection; but a purulent discharge, sometimes tinged with blood, escaped

continuously from the vagina—more profuse before and after her menstrual periods, which were irregular, as a rule. Her general health during these nine months was very much impaired, having lost considerable in weight. After this time, while using cod liver oil, she partially recovered what she had lost. We will here take occasion to add that the patient was unusually developed for one of her age, presenting more the appearance of a woman of thirty than a girl of nineteen.

During the tenth month following the first appearance of the disease she first noticed a swelling of the vulva, including the labia majora and minora. These parts continued to enlarge rather rapidly throughout the following eight or nine months until a tumor had formed, attaining the size of an infant's head nine month's old, the mass having its attachment, embracing both labia majora and minora, circumventing or surrounding the entire circumference of the vaginal passage, with the exception of a small portion known as the posterior fourchette, leaving an aperture scarcely large enough to admit the end of the little finger. From this opening there was escaping, more or less all the time, a muco-purulent, offensive discharge, having a peculiar odor—in fact, intolerable and indescribable. The patient stated, upon being questioned, that the growth became much enlarged and of a deep red color when she worked and was about on her feet; the natural color, in a state of quiescence and rest, was of a pale and waxy hue. She likewise intimated that it assumed these enlarged proportions and changes during her monthly periods, as also during sexual excitements, which she stated she had often experienced during the night, sleeping or waking.

The description herein given of the appearance of the part was the condition in which we found the patient at the time of our examination, July, 1878. The patient's skin showed the usual evident traces of the copper-colored spots so characteristic of secondary syphilis, which some of the doctors who had treated her termed "liver spots." Another condition, which we have unintentionally omitted to mention, was an oedematous and anasarctous condition of the lower extremities from the knees down, which was aggravated by her being much upon her feet. The patient was very desirous of having the tumor removed, readily consenting to an operation, which was performed on the 24th day of July, 1878. After chloroforming our patient, who passed easily under its influence, the operation was performed with the scalpel. Seizing the tumor, which was somewhat pedunculated in shape, commencing the incision at the posterior fourchette, we first cut through the integument, extending forward to a central point, viz., the anterior fourchette. A second incision was made, the same in extent, on the right side. It was found necessary to dissect well down subcutaneously, so as to thoroughly include the attachments of the growth, that were rather deep

seated. This being accomplished, the same plan was adopted on the two inner or mucous surfaces, care being taken to preserve sufficient of the tegumental covering of the labia majora; also of the mucous covering of the labia minora. The attachments were firm and dense, being difficult to separate from the surrounding structures (so much so as to turn the edge of the knife that was used for the purpose). It was finally accomplished, however, and with a comparatively small loss of blood, only four vessels needing the use of the ligature; the balance were treated by torsion. The cut surfaces were now bathed with arnicated water (one part to thirty), the tegumental and mucous margins were brought in apposition and were found to be just sufficient to cover in the denuded parts and preserve their natural conformation of the internal or external labia; hence our reason for the care we exercised in making our incisions. The cut margins being now drawn together, were secured on both sides by means of fine silver wire sutures, nine in number. The intervening spaces between the ligatures were carefully secured, by means of adhesive strips placed transversely, and a dressing, consisting of a compress fitted to the parts, moistened with arnicated water, and then secured by a broad roller bandage.

The patient rallied well and returned to consciousness, expressing herself both gratified and surprised that the operation was finished. She was now sent to her home, and placed in bed in a recumbent position.

July 25. Visited the patient at 9 A. M. She had passed a comfortable night; had no special pains or soreness about the parts operated on. Drew the patient's urine with a catheter. After removing the dressings the wound looked promising; renewed dressing same as before; ordered a light diet, consisting of milk-toast and tea, with a soft boiled egg. There being no special indications for a remedy, none was administered.

July 26. Called at 10 A. M., and found the patient doing well; had a slight passage from the bowels during the night and passed water through the catheter, which had been left "in situ" since the day before, secured with adhesive strip and furnished with a plug. Renewed dressings and syringed out the vaginal passage with weak carbolyzed warm water, on account of muco-purulent discharge, which, no doubt, was a relic of the past, for which *Merc. sol.*, 30th trit., was given internally, four times daily.

July 27. Called again. The patient reported an uneasy night; complained of burning pains and soreness about the region of the womb. She had some fever and thirst, had also vomited her supper of the previous evening late in the night. Complained of sour stomach, which proved to be the result of an over indulgence in food. Removed the dressings; emptied the bladder via the catheter; syringed out the vagina same as before. The wound was red at the margins and swollen, showing a disposition to suppurate at its anterior limit, over the pubes; applied carbolyzed cosmoline (5 grs. to the oz.); dressed with compress anointed with the same, and re-applied the bandage. Gave *Aconite* 30th, repeated every three hours. Called again same evening; fever had abated, but patient had vomited mucus and bile on several occasions throughout the day. Stomach was still sour. Gave *Nux vom.* 30th, to be taken every two hours until relieved. Drew her urine again, but did not disturb the dressings, as the patient felt better in that respect.

July 28. Made my usual visit, but later in the day, viz. 2 P. M. Patient had removed the catheter, stating that she passed her urine better without it; had also a stool through the night before. Removed the dressings; wound looking better; also removed four of the silver sutures, two on each side; cleansed the outer parts and vagina—from the latter a considerable discharge was still escaping. Re-dressed with the same

kind of materials. Returned to *Merc. sol.*, 6th trit. for this condition, to be repeated every three to four hours. Stomach symptoms had subsided; patient felt much improved. Ordered a warm sponge bath over the entire body, and a nourishing diet, consisting of beef tea, poached eggs, and a small quantity of rare broiled steak.

July 29. Found the patient still improving; continued the internal remedy; removed the dressings and the balance of the stitches, five in number, as the wound was healing very nicely. Cleansed and dressed the wound as before, also gave due attention to the vaginal discharges. Patient was able to attend to the wants of nature without any mechanical aid.

July 30. Nothing further to report than the fact that all is progressing well. Renewed the remedies, both internally and externally; also dressings, same as previous day.

July 31. Continued improvement in every respect; no change of the treatment, but continued as before.

Aug. 2. Made my final visit; found the patient up and dressed. Removed dressings; the wound was quite healed; vaginal discharge much less—scarcely any trace left. Continued the use of *Merc. sol.* and dressings as before. The patient discharged, with recommendation to continue the internal remedy, for the purpose of removing from the system the remains of the syphilitic taint; this advice the patient did not heed.

**Pathology.**—The variety of tumor we have just treated upon appears to be of a rare form, and is so stated by Sir James Paget, Bart., who seems to be the first authority that treats at length upon the pathological condition of this species of tumor—at least as far as is known to the writer. For the benefit of our readers, and to enable them to recognize its nature (at least such of them as have never met with an instance of the kind), we will proceed to describe, as briefly as practicable, its pathological condition and changes.

Mr. Paget classes it among the "fibro-cellular tumors," and gives a comprehensive description of its microscopical appearance. The first example on record distinctly describing it was made by Sir William Lawrence, who gave a very accurate history of its appearance, also its origin, which will be found in the *Medico-Chirurg. Trans.*, xvii., p. 14, who gives a striking description. It is also referred to by Mr. Caesar Hawkins as a softer and elastic form of the fibroid variety of tumor. Müller likewise refers to them, classing them among the cellulofibrous tumors in his work on "Cancer," p. 14. He has also given the name of "collonema" to this form of tumor. Billroth classes them among the connective tissue tumors, having extremely delicate fibres, possessing a gelatinous appearance—vide "Entwick der Blutgefäße," p. 44.

Vogel refers to them as of the connective tissue variety tumors (Bindegewebe-Geschwülste) and compares their ultimate elements with those of the cutis. Rokitsansky alludes to them as a species of gelatinoid sarcoma. Virchow, more recently speaks of this variety of tumor, and classes it among the gelatinous organized new formations, and states it must necessarily correspond to some type to be met with in the structures of the body when in their normal condition. He states it is composed of a very fine, delicate structure, resembling in appearance, during the embryonic stage, the umbilical portion of the fetal chord; also of the tissue of the vitreous of the adult eye. We find in this instance as in others, especially the fatty tumors, a variety of outgrowths not at all dissimilar, there being what may be termed continuous and discontinuous outgrowths. The former are found frequently and so described, as among them there are found forms consisting chiefly of outgrowths of the fibro-cellular tissue variety. Such are the forms

known as the mucous polyp; also of hypertrophy of the cutaneous structures. The latter of second variety are the firmer, containing a larger amount of fibroid tissue, resembling the more compact or denser tissue of the inter muscular fascia of the body.

This form of tumor, known then as elephantiasis, herein narrated, appears to be of Arabic origin, and belongs to the same class that develops in this latitude—viz., America—attaining enormous proportions and weight—in a few instances in our own latitude, from fifty to one hundred pounds—taking its starting point from the scrotum and prepuce, and also lower and upper limbs, of the male; the labie, nymphæ, clitoris and its prepuce, also lower limbs, of the female. Those that reach their maximum in tropical climates are composed of fibro-cellular tissue interspersed with elastic tissue and more or less adipose, imitating as it does the outer compact structure of the cutis vera. Their entire structures are more or less interwoven, exceedingly tough and elastic. In some cases they are succulent, compressible, and readily yield (when section is made) a large quantity of thick, yellowish, serous, fatty-looking fluid; in other instances they are denser, interlaced with strong glistening bands resembling fascia; still in others they present intervening lobes, the meshes containing fat; again, in others, a uniform, glistening, solid, dark yellowish or ochre tinge. Some examples present in their subcutaneous structure a spongy, reticulate, even cavernous appearance, resembling very much erectile tissue. Mr. T. Smith, St. Bartholomew's Hospital Reports, vol. v., 1869, reports a case in which there existed a hypertrophied condition of the veins on the posterior surface of the limb, which appeared in one of the lower limbs, and was accompanied with the cavernous condition just referred to.

In some instances elephantiasis may be found complicated with an obstructed condition of the neighboring lymphatics, in which the dilated lymph vessels have been found to contain a milky, chyle-like fluid; it may indeed be added that the number and variety of this form of overgrowth are both numerous and diversified. Those which take their growth from the labie, nymphæ, and prepuce of the clitoris, take on the pedunculated form; on the contrary, in the male scrotum this outgrowth assumes the form of a hypertrophy diffused over the entire surface of this structure until the mass attains an enormous growth, reaching almost to the ground, when it assumes a partial, pedunculated form, with very broad base and attachments, encircling and burying within its folds at its base, the male organs of generation. Two striking instances of this kind are to be seen among the pathological specimens—one in the Pennsylvania University museum, at Philadelphia, removed by Dr. Horner, weight fifty-six pounds. The other was removed by Dr. Sayre, of New York, weight some seventy odd pounds.

In the latter case the male organs of generation (both cases were males and negroes) were preserved intact by the operators, although not traceable by the naked eye on examination. During the operation it was found that they were not so completely blended or identified with the abnormal growth but that it was possible to save them intact, and the patients recovered with the use of their organs of generation.

*Shape.*—As already intimated in the foregoing remarks, the principal localities which this variety of outgrowth selects, when it invades the male system, are the scrotum, eventually the prepuce, and the upper and lower limbs; in the case of the female, the labie, prepuce of the clitoris, and lower and upper limbs as well, only one locality, however, in either case being the seat of invasion. When it locates in either the male or female and attacks any portion of the genital organs, it assumes a pedunculated form; and when upon the lower limb, it invariably begins at the hip,

involving sooner or later the entire lower limb, when it assumes an irregularly lobulated shape. It is very frequently met with among the Arabians, and equally so among the negroes of our own latitude, many cases having been reported from the various Southern States.

Another variety may be mentioned before closing this portion of the subject, which we will term the mucous variety, that develops in the nasal passages, occasionally attaining a considerable bulk, encroaching upon and filling up the posterior nares and pharyngeal passages. This form has been classified by some authors among the fibroid forms of polypus.

The tegumental variety is frequently associated with an outbreak of acne, accompanied by dilatation of the minute bloodvessels, and, especially in the form known as elephantiasis scroti, a large surface of the skin becomes thus implicated. In some these become lobulated, in others smooth, wart-like, or tuberculated on their surfaces. The sebaceous glands and hair follicles sink beneath their surfaces, presenting much the same appearance as in the healthy skin, and are somewhat enlarged. In that form of elephantiasis that attacks the scrotum or the limb, not only the circumscribed or nodulated appearance is lost, but the tumorous condition is by no means distinct nor apparent. This affection seems to resemble those of the skin more than any other, and by pathologists is regarded rather as a sequence of chronic inflammation of the integuments. Be the external appearance what it may, it seems very reasonable to class this affection among tumorous growths rather than any other, for the reason that there is more of uninterrupted continuity between the several nodules of the overgrowth than there is in the healthy skin. This disease may be truly classed among the continuous overgrowths.

Time and space forbid us to give in detail a description of the numerous forms of tumors classified as fibro-cellular; we will, however, refer to one other variety, viz.: the encysted form. These are found to develop in the inter-muscular spaces, especially where the denser layers of fascia are found; such localities, for instance, as the thigh and arm. They vary from the elephantiasis variety in so far as that they can be encircled from the localities in which they form; on the other hand, the cutaneous varieties already referred to have no distinct or defined boundaries, but are continuous with the surrounding structures from which they grow; in fact the two diseases possess the common differences between tumors and outgrowths, still resembling each other in their structures. In the growth of this form of tumor, the surrounding parts, embracing the skin or mucous membrane, as the case may be, seem to adapt themselves as a covering or enveloping membrane, which forms the enveloping sac. In the cutaneous outgrowths all of the contiguous structures participate as the growth enlarges, and these develop in proportion as the tumorous mass increases in magnitude. It may be here likewise noted that in the encysted tumors fibro-cellular tissue predominates. This is no doubt due to the fact that in the localities in which they develop there is found a larger amount of fibrous, combined with more or less elastic, tissue. The two diseases differ thus; still the fact is apparent that the localities in which the cutaneous outgrowths occur, are most frequently met with, and it may also be remarked here, that in these same localities the adipose tumors are less frequently encountered. There is, also, another significant feature, in connection with the encysted forms of this variety of tumors (fibro-cellular), viz.: that, in some instances, the microscope has shown evidence of malignant complication; at least, in two instances reported by Mr. Paget, of tumors of this class that were removed from the testicle, near which, and in connection with it, were found medullary cancerous formations. Rare exceptions are also reported by the same author, of this present variety of tumor recurring, but as a rule they are not.



He likewise reports rare exceptions of localities other than those we have already enumerated, for example: sole of the foot, the tongue, the orbit and tunica vaginalis testes, etc. As a rule, these tumors are found to occur during adult age, and in persons of apparent general good health; are, also, as a rule, of a benign character, their causes being wholly unknown. Their nature is to develop rapidly; they enlarge very quickly; their size is not due to growth but to swelling, from the increase of oedematous effusion, and this feature, if observed, may serve as a distinctive sign in the diagnosis, between this class of tumors and others. The development of these tumors are unaccompanied with pain, but when they grow from the vagina, labiae and scrotum, and attain large proportions, by their superincumbent weight, they cause a distressing and dull aching pain while the subject is in an erect position.

Microscopic appearance of fibro-cellular tumors reveals the following appearance, viz., filamentous, for which they are so characteristically named. Parallel, soft, undulating filaments are seen collected in fasciculi that interlace, from which single filaments are seen and can often be traced out, or, when not seen, the texture appears filamentous, their irregular or wrinkled surface overlying a more homogeneous substance. In the intersecting white bands the best developed and most marked filamentous tissue is seen, but similar tissue can be found throughout its entire structure; also, in some instances, elongated or attenuated corpuscles; also abundant nuclei appear among these filaments; again, imbedded among the more homogeneous portions. The application of acetic acid will bring into view multitudes of such nuclei. In the more succulent and softer varieties of fibro-cellular tumors, that on section present a gelatinous appearance (to which the term of myoma, as given by Virchow, seems to be more applicable), the structures of the tumor resemble more closely embryonic connective tissue, or the so-called Whartonian jelly, of the umbilical cord. When incision is made the cut surfaces pour out a clear, yellowish, semi-fluid liquor, which readily and profusely escapes.

When a specimen is placed under the microscope it displays well defined oval, elongated, and branched corpuscles, while the intervening substance is distinctly seen as fibrillated, in which the filaments of the connective tissue are imperfectly displayed. The similarities of the structures of this class of tumors are as perfect as those of the adipose variety. Chemical analysis reveals gelatin from the well-formed fibro-cellular tissue; at the same time they yield much more albuminous material from their imperfectly developed tissue, also from the serous fluid so abundantly contained within them. As a rule there appears to be complete uniformity throughout their entire mass. Many times the oedematous portions heretofore referred to have been found to contain cartilaginous and even partially ossified deposits connected with them. There are such instances as the latter described conditions reported by Mr. Paget; these specimens were taken from the under surface of the great toe and upper portion of the thigh.

Much more could be added to what we have already stated regarding the varieties of elements and variations that have been reported as found existing, in what may be considered as rare and even isolated cases, by various authorities, but we refrain from giving these in detail, believing that we have embraced sufficient to enable our readers to at least recognize the nature, variety, and form of tumor which we have described herein. For the benefit of those who desire to render themselves more familiar with such details, we will take occasion to refer them to the various works on pathology by Paget, Virchow, Rindfleisch (who, by the way, classifies these outgrowths among skin diseases and gives a very elaborate and scientific

exposition of the subject, in his work on pathological histology); also Neuman, Wagner, Rokytansky, and Hecker. The last named author describes a case of congenital elephantiasis, in which there existed the cavernous condition described by Mr. Paget as having been found in few exceptional cases.

The rarity of this case, and the locality from which the tumor was removed, makes it an exceedingly interesting one, as there are but few instances on record, or reported, as occurring in the white race.

### COLLES' FRACTURE.\*

BY T. DWIGHT STOW, OF FALL RIVER, MASS.

This fracture—of the lower or carpal extremity of the radius, and taking place anywhere from one quarter of an inch to one and one-half inches from the articular surface of this bone—derives its name from Prof. Colles, of Dublin, who first described it. This is one of the most difficult fractures to reduce successfully.

Deformity, stiffness, immobility, and deposit in or near the joint, are likely to follow, together with loss of use, all perplexing and annoying to the patient and friends and a source of great anxiety, and at times difficulty, to the surgeon.

Not only these, but much tedious, uncalled for, and damaging litigation often springs from the non-adaptation of fragments, deformity, loss of use, often multiling the surgeon in heavy sums. In a medico or surgico-legal view, this fracture and its reduction are of prime and immense importance to the surgeon. Taking into consideration the position, attachments, articulations, and peculiar relations of the lower extreme of the radius, it is not strange that deformity, preternatural enlargement, stiffness, and immobility follow even the nicest re-adaptation of fragments and the closest attention.

To any, but particularly to the young and inexperienced surgeon, the greatest solicitude is often experienced during the treatment and after. But it is a source of gratification to know that, in the majority of cases followed by stiffness and deformity, and deposit in the joint, full use, with little or no deformity, finally rewards the surgeon's tact and care, and relieves the poor patient. Perhaps the most characteristic and perplexing complication is stiffness of the middle, ring, and little fingers, with inability to close the hand and much oedema.

Pronation and supination are seldom materially limited, or at least suspended.

Flexion and extension are more likely to be difficult, whilst lateral and rotatory motion are free.

The radius, let it be remembered, is the outer, and when the arm is flexed at right angle with the humerus, thumb up, the upper, bone of the arm, and is the one that performs pronation and supination; while the ulna acts as a splint or fellow, and performs the motions flexion and extension at the elbow.

The radius articulates with four bones, viz., the humerus, ulna—twice; and the carpal bones, scaphoid and semilunar.

There are eight bones in the wrist, which, by reason of concussion, sprain, or fracture, are very likely, through consecutive and active or passive inflammation, to become seriously affected. Their contiguity, peculiarity of structure, and attachments, uses, render them exceedingly liable to direct or sympathetic disturbance. The construction and functions of these carpal bones, and their relations to ligaments, muscles, tendons, nerves, and bloodvessels is an object most complex and wonderful, revealing the power and glory of an Almighty hand!

\* Read before the Massachusetts Surgical and Gynecological Society.



In considering Colles' fracture, all these articulations and their relations to each other must be kept in mind and a faithful image pictured clearly. We must recollect the important *muscles* that come into use in separating the fragments or in antagonizing each other. Principal among the muscles are the biceps, the pronator radii teres, the supinator longus, and the pronator quadratus. The other flexor and extensor digitorum muscles tend, in oblique and comminuted fractures, to shorten the limb or produce impaction of comminutions, likewise to draw, in this fracture, the hand to one side and make it incline toward the radial side.

The action of the biceps tends to draw the upper part of radius upward and separate the fragments, particularly if the fracture is an inch or an inch and a half from the articulation. It likewise tends to supinate the radius, thus increasing the deformity and pain at the seat of fracture. To overcome this it is necessary to relax the biceps, by carrying the forearm at right angle to the humerus, and supporting in a tolerably wide sling, thumb up.

The pronator radii teres is antagonistic to the biceps and rolls or pronates the upper fragment inward. It should be relaxed by pronation.

The supinator longus and the flexors of the thumb, extensors and flexors of the wrist, play more important parts in producing displacement and deformity than the others. The supinator acts powerfully in drawing the lower fragment of the radius upward, and in depressing its fractured end toward the ulna and behind the upper fragment, by its traction on the styloid process. Its action should be counteracted, for it must be kept in mind that in Colles' fracture the hand is drawn backward and laterally, the thumb toward the radius. This produces the prominence on the back of the wrist, and a deep depression just above it, toward the elbow; a prominence of the ulna at its carpal extremity; the fingers droop forward easily, and there is great pain on motion.

The pronator quadratus acts mainly on the upper fragment of the radius, pronating it and hugging it to the ulna. Sometimes the fractured extremity of the upper fragment pierces the quadratus and adds to the pain and the usual prominence on anterior of forearm, at the seat of fracture. Pronation of arm and extension of hand remedy this.

The symptoms of Colles' fracture have already been described above, but are deformity, crepitus, pain and tumefaction; the thumb drawn toward the radius, a well marked prominence on back of wrist, with depression above, or, as some say, behind it; prominence of the anterior aspect of wrist.

This fracture may be confounded with dislocation of the carpus backward, but crepitus, mobility, return of the deformity after strong traction, the slight tumefaction, distinguish it from dislocation.

This fracture is generally caused by falls upon the hand. In children the fracture is generally epiphyseal, if occurring before the fifteenth or sixteenth year.

Reduction is effected by flexing the arm upon the humerus, apposition of the fragments, strong extension from the wrist and elbow, and depression of the radial border of hand, and confinement, with care, on a well padded, pistol shaped splint.

Great care must be taken to frequently examine and, if necessary, to re-adjust the pads and splints. Pads of linen, or, what is better, of chamois skin, about two inches long and an inch and a half wide, of several thicknesses (four or six), should be placed over the prominent ends of the fragments before applying the padded splints. The back splint should be pistol shaped, and the anterior one should be made of paste-board or sticks three-sixteenths of an inch thick and three-eighths wide, sewed up in cotton or linen, and reaching from arm proper to trapezium and pisiform bones, to keep up extension and keep back upper fragment of radius. Bandages must not be applied

tightly, particularly at first. The pistol shaped splint should be exchanged for a straight one at the expiration of two weeks or a little more. Passive motion must be made on the seventh or tenth day, and kept up with care. For a few days apply, moderately, weak Arnica lotion.

## RETROSPECT OF THE MATERIA MEDICA WORK OF 1878.\*

By JOHN J. MITCHELL, M.D., NEWBURGH.

In presenting to the Society a few notes concerning a few drugs that have been brought to the notice of the profession during the past year, the chairman of the Bureau de-lire. It to be distinctly understood that he does so simply for the purpose of indicating lines of work for the future. It is absolutely necessary for us to have drugs thoroughly proved before we can use them as homoeopaths, in a scientific and satisfactory manner. It is, however, important that we should choose those drugs for investigation that have proved actually potent in their action upon the human organism. The use of unproved medicines in disease, though unscientific, will frequently give a clue to their homoeopathic application. Special attention should be given to those drugs that give promise of filling gaps in our Materia Medica, and supplying groups of symptoms, as found in morbid conditions with their similimum. The gleanings could be indefinitely extended, but we have chosen only such as seemed worthy of special attention.

*Vicum album*, or more properly *Phoradendron flavescens*, or the American mistletoe, has been noted by Dr. Huber, of England, Dr. Long, of Louisville, and more recently by Dr. Hale, of Chicago, as giving promise of great usefulness as a uterine stimulant. Its action seems to differ from that of *Ergot*, in that the pain that induces is not continuous or tonic, but more like the natural labor pains. In post partum hemorrhage, it has been used satisfactorily. The alcoholic tincture is made by taking eight ounces of the dried leaves, saturating with boiling water, and adding sufficient alcohol to make one pint. The leaves should be gathered in November. Fluid extract is also made.

*Carbazotate of ammonia*.—The substance has been recently used with very great success in the treatment of intermittent fever, and malarial neuralgia. It has been used in doses from one-sixth to one-third of a grain, daily. Dr. Beaumetz, of Paris, has reported upon it.

Dr. J. M. Tilden, of Peekskill, has noted its action in the HOMOEOPATHIC TIMES, in March. This is a salt formed by the combination of Picric acid and Ammonium. It is frequently called the Picrate of Ammonium.

*Sclerite acid*.—We have the high authority of Dr. John Williams, of London, for stating that two cases of uterine fibroid have been successfully treated with this drug. Half grain doses of the acid, dissolved in water, were injected under the skin of the abdomen twice a week.

*Chiru-mugra oil*.—This oil has been recommended by eminent physicians of Europe, in the worst form of skin diseases, scrofula, elephantiasis, and even tuberculosis. I am of the opinion that it deserves proving.

*Chloride of chromium* is said to have been used with success as an external application in cancer. Highly important if true.

*Grindelia robusta*.—This drug is achieving a high reputation in diseases of the mucous membrane of the bronchial tubes, and asthma. In the hacking cough of phthisis and cough from enlarged heart it has been found of great value. Chronic catarrh of the uterus and vagina is said to have been treated successfully by it. It has been partially proved, and one symp-

\* Read before State Society.

tom which has been verified is: "A fear of going to sleep on account of loss of breath, which awakes him." Dr. Wesselhoft, of Boston, reports the relief of a case of dyspnoea from heart disease with this symptom. The slight provings are, as yet, not at all satisfactory.

Dr. John L. Seward, of Orange, N. J., reported a case in the *HOMOEOPATHIC TIMES*, of September, 1876, giving a detailed account of this drug.

Dr. Guernsey, of New York, reports a case in which the use developed a severe frontal headache, involving the optic nerve.

*Eriodictyon Californicum*.—Another California plant, familiarly called Yerba santa, is also coming into very general use, having a very similar range to the *Griudelia robusta*. Its sphere of action seems to be the mucous membrane of the larynx and bronchiae.

A short proving in Prof. Allen's *Materia Medica* will be found of much interest.

*Euonymine*.—The active principle of the *Euonymus Europæus* has been used by Dr. Holcombe, of New Orleans, with evident success in cases of albuminuria, threatening Bright's disease. He uses the first cent. trituration, three grains three times a day. Prof. Allen has a case of poisoning reported in his *Materia Medica* for this drug.

*Hydrangea arborescens*.—This plant has been reported upon by Dr. Hedges, of Nevada, as successful in a case of renal colic.

*Chloral hydrate* has been used with success as an antidote for strychnine-poisoning.

*Yedraea*, or black spider's web, was suggested two or three years ago, as somewhat analogous to lachesis for irritant night coughs—inability to lie down—having, however, an expectoration of white frothy mucus.

Dr. C. H. Fiske, of Illinois, reports various cases of intermittent fever cured by it. The only indication seems to be the chill is accompanied with headache, but there is no thirst accompanying paroxysms.

*Bromine*.—Dr. S. H. Brown, of the U. S. N., reports the cure of many cases of poisoning by poison oak, ivy and sumach, with local application of Bromine; ten or twenty drops of Bromine, dissolved in an ounce of Olive oil or Cosmoline, is rubbed gently on the parts three or four times a day. The oil is to be washed off twice a day with Castile-soap. The Bromine mixture should be made fresh every day.

*Eucalyptus*.—The range for the use of this drug seems to be widening. In malignant diphtheria, membranous croup, malarial night sweats, as a local anæsthetic, and in diseases of the scalp, it has been reported to have proved curative.

*Eucalyptus* in uterine catarrh is a new use for this valuable remedy. Sir John Rose Cormack (*Clinical Studies*) speaks from extensive trial in horrible, offensive discharges, in cases of oedema, cancer of the tongue and throat, cancer of the uterus, gangrene, and other affections attended by fetor. It has the remarkable power of destroying fetid odors.

Dr. H. B. Dow, of London, reports: "In the first case in which I tried it, it was suggested to me by my patient, he saying that he had taken Quinine by the pound, without result, and that the *Eucalyptus* was the only remedy for him. He had, many years since, contracted malaria of the worst type in the Douro district, and had tried most remedies without avail. A very few doses of the tincture of *Eucalyptus* globules removed the symptoms.

"In another case, my patient was a gentleman who had lived many years in India and China, and during his residence abroad had had severe attacks of ague. Recently he experienced a return of his old symptoms, and took Quinine, as he had been accustomed to, to check the illness. However, on this occasion it failed to produce the usual effect, so I recommended him to try the *Eucalyptus*. The effect was at once marked, and speedily all his intermittent symptoms left him. The dose administered was ten minims."

Dr. Benjamin Bell reports, in the *Edinburgh Med-*

*ical Journal*, as follows: "A gentleman of seventy-five had suffered from formidable disease of the stomach for eight to ten years, and on several occasions had seemed very near his end, with every symptom of malignant ulceration. Great quantities of blood had been vomited, from time to time, and at short intervals, seldom exceeding a fortnight; the stomach, after becoming painfully distended with a sour, barmy fluid, was relieved by repeated vomiting, while life itself seemed possible only with extreme lightness of diet and most vigorous self-denial. A strong active man had become a confirmed invalid, and seemed, both to himself and others, beyond the reach of remedies. He has taken the tincture of *Eucalyptus* twice daily for many months, and during all that time has scarcely had even a threatening of those painful and exhausting attacks, which had latterly occurred almost every week.

"Another case, in which ulceration, or some other organic disease of the stomach, seemed the only reasonable diagnosis, the patient, a widow, with a family dependent upon her, made an unexpected recovery from extreme attenuation and weakness under similar treatment."

*Jaborandi*.—The proving of this drug, as published in Allen's *Encyclopedia of Materia Medica*, readily indicates to the student that it is a drug of much power, and promising great usefulness. A brief recital of some of the morbid conditions, in which it has been successfully employed, may aid us in its study. It was first reported as valuable in acute and chronic rheumatic troubles; in serous effusions, dropsy from renal affections, as after scarlet fever; in increasing the secretion of milk. From this general statement of its use we find more specific indications. It was reputed to have relieved various cases of Bright's disease, the albumen being lessened, and threatening uræmia prevented. Orchitis, consequent upon the metastasis of mumps, has been successfully treated by this remedy. Pseudo-membranous croup has been cured by it. Chronic bronchitis, and severe cases of ophthalmia have been relieved by it. The following case is reported by M. Langlet, of Reims, in the *Union Médicale et Scientifique du Nord-est*, No. 6, of a woman in the third month of pregnancy, who, for six weeks, had suffered from oedema of the legs, great oppression, cephalalgia, vomitings, etc. The urine was very scanty, and loaded with albumen, and was uninfluenced by the usual diuretics. From the first day after the administration of *Jaborandi* there was salivation, very little perspiration, but, as a counterbalance, an increase in the quantity of urine voided, which continued for some subsequent days. The patient took *Jaborandi* for sixteen days, and during that time the oedema was reabsorbed, the albumen decreased, the general symptoms improved, and there was eventually a favorable delivery, with a healthy child.

Prof. Da Costa, of Philadelphia, reports the removal of a large effusion into the pleural cavity by *Jaborandi*. "The patient, John L. C., is a weaver, twenty-three years of age. Last summer he was much exposed to wet at the seashore, and, although up to that time in good health, he has since been subject to occasional pain in the left chest, difficulty in breathing, and a slight cough. While at work he was obliged to press his chest against a beam, and finally he found, about three months ago, that he was compelled to stop work and seek other employment, on account of great tenderness and pain in his left side. He had not been confined to his bed. Shortly after this he found that he could not lie upon his right side, the dyspnoea became more urgent, and he had some mucous expectoration, tinged with blood. His chest was aspirated, about five weeks before he came under our care, and five pints of clear serum were drawn off. Notwithstanding the aspiration, he tells us that soon after the fluid had been removed, and though he was placed upon appropriate treatment, shortness of breath and pain, and all the signs of pleuritic effusion manifested

themselves. The chills returned, and when he was received into the ward his temperature was 101°, and he was evidently quite sick, lying on his left side, suffering from pain and dyspnoea, and some fever, his left chest full of fluid, and in a very miserable condition. I was tempted, after examining him, to aspirate him again. This was the first thought that occurred to me. The effusion was in the left chest, displacing his heart to the right, and he urged the operation himself, with the statement that he was much relieved by the previous aspiration. But I must tell you, that after aspiration, in chronic pleurisy, the fluid is apt to return, and after several aspirations the fluid may change in its character, and become purulent. This has been noticed particularly by several French clinicians. Partly from these considerations, and partly with a view of trying the therapeutic effects of Jaborandi, which seemed to me to be likely to effect good, I placed him upon a drachm of the fluid extract of Jaborandi four times daily, with the effect of which you will now learn:

"First, the temperature has again declined, and is now steady between 98° and 99°, and has been at this for more than a week; the chills have passed away; the pulse and respirations are almost normal; he breathes twenty times in the minute; his pulse, as he stands before you, is a little more frequent, ninety-six in the minute, but in the ward it is eighty-six, and has not been higher for several days.

In the *British Medical Journal*, January 5th, 1878, Dr. J. G. S. Coghill proposes Jaborandi as a remedy in hydrophobia, from observation of two cases of the disease in man.

A case is reported by Dr. H. B. White, in the proceedings of the Kings County Medical Society for May, where Jaborandi, given in a case of puerperal convulsions, promptly reduced the anæmia, restored the functions of the kidney, and checked the convulsions. It has also been found of decided value in the dropsy following scarlatina.

## PHYTOLACCA DECAHNDRA.

By JOHN J. MITCHELL, M.D.

We are indebted to Dr. Hale, of Chicago, for much valuable labor in the introduction of this drug to the profession. The roots, leaves, and berries are used in making the tincture. It appears to act mostly upon the mucous membranes and the larger glands, although the skin and muscular tissues are also involved when it is being proved.

Dr. Hale speaks of its use in boils, carbuncles, chronic rheumatism, inflammation of the parotid and mammary glands. Dr. Burt recommends it in diphtheria.

The symptoms calling for its use seem to be aching pains all over the body; they seem deep-seated, and are especially in the back; high fever, and great weakness of the whole system; an exudation of a grayish-white membrane gradually passing over the tonsils and pharynx. There is no fetor in the early stage.

The work of the Bureau upon this drug seems confirmatory of most of the points noted above, and seems to indicate that the remedy should be more thoroughly proved, and its valuable powers more sharply indicated.

**Boils.**—Dr. W. S. Searle speaks of it as most frequently indicated in these eruptions. The indications are not clearly defined.

**Chest.**—Muscular pains in the chest have been cured—from exposure to cold and dampness. The pains are flying, like electric shocks; shooting; lancinating. Dr. Fellows.

**Mistils.**—Beginning on the right side, and accompanied with similar pains to the above, has frequently been cured by this drug. Dr. G. B. Palmer.

**Coughs.**—With ulcerated sore throat, tickling on the left side of larynx, hacking cough, with great dryness of the throat. Dr. Lilienthal. Worse at night as soon as he lies down.

**Diphtheria.**—Dr. G. A. Hall reported cases with extreme soreness, with or without deposit; great general swelling of pharynx, and great prostration. Reliable as a gargle in habitual tonsillitis. Dr. J. T. Greenleaf.

I think that seven out of every ten cases of diphtheria can be cured with *Phyto. dec.*, if taken on the start.

Many cases have been treated by me in which no other remedy was used, and the results were most pleasing to patient and physician. In support of this statement I will cite one case. Mary C., aged 7 years, dark hair and eyes. Was called in early morning to see the patient, who, by the way, is one of the many suffering from enlarged tonsils and weakness of throat. I found the patient in bed, looking very sick; skin ashy hue; eyes sunken and congested; breathing short and labored; breath putrid; fever; pulse 130, very weak; aching pains throughout the system; but referred principally to back of neck and occiput, vomiting commenced at 3 A.M., and had continued up to the time of my arrival. The introduction of any substance into the stomach caused renewed vomiting; yellow watery substance only thrown off; tongue coated heavily; very white; tonsils covered with unmistakable diphtheritic deposit; swallowing exceedingly painful. Remembering that *Phy. dec.* had rendered good service in the same case, one year ago, I gave the third dilution in water (five drops in twelve teaspoonfuls), one teaspoonful given every hour. In less than three hours vomiting had stopped; could swallow more easily. The next morning found patient sitting up; throat almost clear; all symptoms much relieved; the only remaining spot was on right tonsil; one powder of *Merc. viv.* 5th cured that, so that the next morning the case was reported well. Dr. A. M. Woodruff.

**Case 1.**—Frank C., aged 19, nervous, irritable, and easily frightened. Had seen a case reported as diphtheria about twenty-four hours before he was attacked. When called, found patient aching from head to foot; tired, hard ache; throat swollen, and very hard on left side; fever high; pulse 120; a pricking on left side of throat when attempting to swallow; bowels had moved in A.M.; little inclination to nausea; headache, with great heaviness of head; very restless; tossing from one side of the bed to the other; hawking of mucus; very hoarse, once in a great while would cough, a little dry cough. The left side being affected, and the condition of case led me to prescribe *Lach. 3rd* in water, one teaspoonful every hour. Saw patient next morning; found him worse; the left side was not any better, and the pain had extended over both sides alike; throat very ugly looking, covered with grayish-white ulcers; deep pains in the ears, extending along the entire tongue and throat. The boy expressed himself as "just heart-sick." I prescribed *Phy. dec. 3d*, same as *Lach.*, until better. Saw patient again at night, and the change was wonderful. After the second dose he felt much better; throat almost clear, and all symptoms improved. Was discharged next day but one, well, but very weak; almost fainted upon first attempting to sit up.

**Case 2.**—Hattie M., aged 13, dark hair and eyes, scrofulous diathesis, complexion rather fair. When called, found her suffering from what the mother called a severe cold. Had been chilly and hot by spells for two days; complained of aching all over, as though pounded; face pale and sickly in appearance; throat very dark red; tonsils both swollen; swallowing caused pain in tongue and excessive "cracking" pains in each ear; dreaded to swallow on account of the pain, hence much accumulation of saliva; sense as of "stuffed" condition of throat; tongue red at tip, white sides; little white ulcers scattered over tonsils; pulse 120;



temperature high at times, alternating with coldness. Do not think I ever saw a better case for *Phy. dec.*, which was given in the 1st dec. attenuation, in water, a teaspoonful once in two hours. The next day all the symptoms were much better. Lungs seemed a little sore, and some cough. Phos. was indicated, and soon the little patient was "as well as ever."

**Case 3**—Mary C., aged 9, dark hair and eyes, nervous temperament, inclined to enlargement of the glands. Came from allopathic hands, with much brown from artistic use of the brush and iodine, on the part of one of our worthy (?) contemporaries; was salivated by Merc.; and, in fact, presented a very frightful condition. Could not get a clear idea of the symptoms calling for this heroic treatment, but found her present symptoms—aching, as if pounded, redness of fauces, etc., called for *Phy. dec.*; given six globules (No. 2) of the 6th attenuation every two hours; relieved within twenty-four hours. Patient discharged.

**Case 4**.—Feb. 22, 1873. First visit at 1.30 p.m. Miss A. C. D., aged 21. Did not take temperature; respiration frequent; pulse 95; voids urine every one and one-half hours; quantity small; skin hot and dry; tongue coated and white; sleepless; irritable; no desire for food; no thirst (or rather, dislike to drink, owing to difficulty in swallowing). Diphtheria; had been suffering three days. Prescribed *Phytolacca dec.*, six globules (20) in ten teaspoonfuls of water, and take one teaspoonful every hour.

Symptoms: irritable; gloomy; impatient; no desire to see any one or converse; heaviness of occiput, more like heavy pains or ache, with desire to rest the head against something; fluent coryza, but attributed it to crying; pain in the jaws and ears, running down the neck, with tired feeling, also extending to root of tongue and back part of throat; deposit of membrane on right tonsil, size of large pin-head or small pea; no desire for food, owing to pain when swallowing, with all gone feeling in stomach; aching in lumbar region, as if she had lifted an "awful load," as though she must rest, accompanied with weakness of the knees and trembling when she tried to walk. *Phy. dec.* was continued twenty hours, except the time she slept (about four hours), when all symptoms were improved. Changed prescription to *Phy. dec.* 30th every three hours, one teaspoonful prepared as before. In twenty-four hours more the throat was clear; less of the weariness; more desire to eat; but aching of the left side of body and throat. Each 30th soon cured that, and in four days patient was discharged well. A. M. Woodruff, M. D.

P. Conley, M. D., reports a case, as follows: I treated, this last spring, a case of diphtheria, or putrid sore throat, with *Phytolacca*, and had good success. The patient, a young man, came to me from a distance of eighty miles. When he arrived he could not speak, but wrote with a pencil. The pulse was very rapid; soft; throat very putrid; could not open the mouth, the tongue so much swollen; tongue coated, yellowish-white, and thick. I gave the patient fifty-n drops of the second dilution in water, in alternation with *Belladonna*. I gargled the throat with *Phytolacca*; gave the medicine internally every half hour. In five days the patient returned home cured.

Dr. Anderson, of Connecticut, has used *Phytolacca* in the sore throat of scarlatina, in those cases going on to suppuration, with good results. In cases of induration of the mammary glands he has used it with entire success, administered internally, and applied externally.

Dr. C. H. Skiff, of Connecticut, has used *Phytolacca* in different forms of sore throat, and also in induration of the mammary glands with benefit.

Dr. N. A. Mosman, of Connecticut, corroborates the above statements, and has also used the remedy with success in rheumatism.

**Mammary abscess.**—Dr. C. H. Carpenter reports as follows: Mrs. L., aged 29, came to me June 17, 1863; had been suffering since confinement, a year and a half

previous, from fistula in left mammary gland. The patient was told that nothing would cure her but laying open the entire breast, and removing the fistula with a knife. Before resorting to this, was induced to try homoeopathy. I prescribed *Phytolacca dec.* 30th four times a day, using the tincture for injections. Continued this treatment four weeks, and dismissed the case cured. Have attended the patient in confinement since without any return of the fistula. Consider it a permanent cure.

Dr. W. A. Scool, of Lenox, Iowa, reports the successful use of the green root of the *Phytolacca* (he says that made from the dry root seems almost inert) in many cases of diphtheria. Drop doses every two or four hours—using it also as a gargle.

**Scarlet fever.**—The following instructive case is reported by Dr. C. A. Sibley, of Arlington, Mass.: In October I was called to see a child three years old, suffering with high fever. Pulse 140 per minute; face flushed scarlet; head hot; tongue coated brown, with papillae showing distinctly; tonsils swollen very much, of a bright-red color; thirst; pupils dilated, and delirious. I immediately diagnosed scarlet fever, of a low type. I gave him *Bell. 3d.* On my visit, the following morning, I found that the bright-scarlet condition of the tonsils had given place to a dry shriveled appearance; tongue dry in centre; spots on fauces of a gray color, about the size of a pin-head; eruption had made its appearance on the chest, and after having been out two hours, it would change from the natural look to a dry condition; pulse 120, much more full; pupils natural; less delirious; continued *Bell.*

On the third morning I found the pulse 160 per minute; tongue very dry in the centre; sides coated brown; papillae show very distinctly; throat covered with a diphtheritic deposit of an ash color; tonsils very much swollen; vomiting; very thirsty for cold water; eruption has made its appearance over the entire body and limbs, and has the dry shriveled appearance much more marked; in passing the hand over the skin, it would feel like brown paper. The secretion of urine entirely ceased for the past twenty-four hours; hands and feet burning hot; cannot keep them covered; had a very restless night; don't sleep over ten minutes at a time, and not more than three naps during the night.

I gave *Phytolacca dec. 3d.* On my visit the following day I found my patient much improved, skin assuming a more natural appearance, and moist; slept three hours; passed urine twice; membrane on throat looks white, and much more clear from the good effects of *Phytolacca*. I continued it, and my patient made a good recovery, and a very rapid one.

There is always a sweetish odor from the breath when *Phytolacca* is indicated.

January 2d, Lena G., aged 36, German, applied for treatment; has had three children; but no issue during the last ten years. She complained of pain in the right mamma. Though not inflamed, it was quite hard, and I was inclined to think it cancer; but, as there was no drawing in of the nipple, I did not decide that it was cancer. I prescribed *Phytolacca dec. tinct.*, and requesting her to call again the ensuing week. Jan. 8th the patient called, and to my surprise there was a slight improvement, which convinced me that it was not cancer. I again prescribed *Phytolacca*, requested her to call again. Jan. 13th, patient still continues to improve the mamma becoming softer and less painful. Jan. 20th, continued with the above treatment. Jan. 28th, the patient no longer complains of pain. The breast is now quite soft; there is scarcely any of the induration remaining.

November 25th, Kate C., aged 11 presented herself for treatment, having a large, hard swelling in the right sub-maxillary gland. I prescribed *Phytolacca dec. tinct.*, giving her sufficient to last one week. Dec. 6th she called to see me again. The lumps had decreased in size. I continued the above prescription, and requested her to call again. Dec. 18th, I saw her

again; the enlargement had almost entirely disappeared; the gland was quite soft. Repeated the prescription, and as I have not seen her since, I am confident that the enlargement has entirely disappeared.

(a) *PHYTOLACCA DECANDRA*.

By L. M. KENTON, M. D.

I have no observations to report, except such as are clearly marked in the *Materia Medica*. I have cured one case of tinea capitis with it, after several other remedies failed; the crusts were not very thick, but it was a persistent case, getting well in one place and appearing in another, thus traveling over the head and face. I used the 30th attenuation internally, and 10 or 12 drops Mother tincture in a pint of rain-water, as a local application, washing all parts affected twice a day.

(b.) *SENECIO AUREUS*.

This drug seems to have a peculiar affinity for the mucous membranes, the kidneys, and organs of generation.

Dr. A. E. Small has reported several cases of dropsy—the effusion being generally in the peritoneal cavity—which were either cured or very much relieved by this drug.

Dr. Hale recommends its use in mucous coughs from obstructed menstruation. Renal disturbances are reported by Dr. John A. Gray as yielding to this drug.

Two cases of amenorrhoea, with bloated abdomen, little or no urinary discharge, general prostration and paleness of the skin, cold hands and feet, but no pain, were cured by five drops of the tincture three times a day. Dr. J. T. Greenleaf.

*Senecio* has proved well-nigh a specific for amenorrhoea, and is a very valuable auxiliary in the treatment of renal dropsy. Dr. J. V. Riggs.

*Epidazis*.—A case in which *Arnica* has been administered without success. The blood was bright, coming at irregular intervals, day and night; no apparent provocation, and but little at a time. It had lasted several days, but did not return after the first dose of *Senecio* tinct. Dr. T. C. Fanning.

Dr. Fanning had also used *Senecio* in several cases of excessive menstruation, when properly indicated.

Dr. S. Lillenthal gives the following indications for its use in coughs: Increased secretion from the bronchial mucous membrane; chronic coughs, catarrhal affections occurring in females, the result of obstructed menstruation; hæmoptoe; cough, with copious expectoration of yellowish, thick, sweet mucous, often streaked with blood, attended with a sensation of rawness and soreness of the chest; cough at the critical age.

For several weeks we have had very prevalent with us a form of catarrhal cold, commencing with sneezing, and burning or stinging sensation in the nostrils, which quickly reached the throat and bronchial passages, with loose cough, difficult expectoration, accompanied with frontal headache; neuralgic pains in the eyes, extending frequently to the face; generally no fever. After trying several remedies with poor success in arresting the trouble early, *Senecio* 30th was used with almost uniform success. I have used this remedy for dysmenorrhoea and amenorrhoea, where there was an anæmic condition and tendency to dropical condition, with good results generally.

(c.) *VIBURNUM OPULUS*—(*High Cranberry*).

This drug seems especially of use in the cases of painful menstruation so frequently met with. A tincture is to be made of the bark of the roots and shrub. Neuralgic and spasmodic dysmenorrhoea, excessive after-pains, cramps in the abdomen and legs during pregnancy, threatened abortion and ovarian irritation, are all noted as having been cured by this drug. The *Viburnum prunifolium* (Black Haw), so lauded as pre-

ventive of premature labor, is probably not quite identical in its action with this drug.

Dr. J. T. Greenleaf reports that many cases of threatened miscarriage, with regular uterine contractions and some hemorrhage, have been relieved of the pain entirely, and a few have been checked so that the foetus was carried to full term.

Numerous cases of dysmenorrhoea, with pains beginning in the back and going around the loins and across the pubic bone, like labor pains, have been relieved very promptly.

Cases of habitual dysmenorrhoea have been made bearable, when showing the above symptoms, by a preliminary exhibition of this drug. In acute cases he used it in tincture, four drops in three ounces of water, a dose every fifteen minutes. In anticipating the painful menstruation, he used the 1st decimal in the same manner for forty-eight hours previous to the flow.

Dr. J. V. Riggs reports that after a use of the drug for four years, he thinks it has never, in a single instance, failed, when he has prescribed it for dysmenorrhoea.

Dr. G. B. Palmer reports the following case of dysmenorrhoea: The lady was suffering from an excruciating colicky pain through the womb and lower part of the abdomen, coming on quite suddenly, just preceding the menstrual flow, sometimes lasting for ten or twelve hours. She had been subject to this from the first menstruation. I had failed to do her much good, though *Canthophyllum* had relieved her sometimes. I gave her *Viburnum*, 1st decimal dilution, three-drop doses, to be repeated in half an hour, if not relieved. The first dose relieved her, and she took but two. During the interval of the next period I directed her to take one drop, once a day, and if the pain returned at the next time to take three drops, and repeat as before. Suffice it to say, she has had but a slight return of the colic, and now reports herself as cured.

An article on the use of *Viburnum opulus*, from the pen of Dr. Hale, of Chicago, may be found in the *HOMOEOPATHIC TIMES* for May, 1876, and also a transcript from the *Atlantic Medical and Surgical Journal*, narrating its use in several cases of threatened abortion.

This much-boasted remedy in dysmenorrhoea I have used in many cases, and never yet saw any relief, except in marked hysterical subjects; in such cases I have had very gratifying results, and in two or three cases apparently permanent cures.

(d.) *PTELIA TRIFOLIATA*—(*Wafer ash*).

The reports in relation to this drug are almost invariably a record of non-use. And yet it would appear from its proving, as reported in Hale's *Symptomatology*, that it will be one of great value in the future. It is recommended in hepatic difficulties, gastralgia, indigestion, and gastric debility. A full report of its pathogenesis may be found in Vol. 7 of the *Transactions of our State Society*.

*PTELIA TRIFOLIATA*.

*Clinical Observations by L. M. KENTON, M. D.*

Mr. T., aged 38 years, nervous, sanguine temperament, always an active business man; good habits; accustomed to much out door exercise, complains that some weeks ago his food became nearly tasteless, with considerable dislike to things he has always been fond of; this has increased until now there is no taste to anything he eats, although at times he feels very hungry; no thirst; bowels irregular; constipation, then diarrhoea, and lately he has noticed an unusual irritability of temper; easily angered whenever his normal condition is very uniform; great disinclination to labor; great languor; very dull and sleepy, yet cannot sleep but a few moments at a time; much disturbed by unpleasant dreams; cannot think readily; cannot write correctly; spells words wrong, even his own name; dare

not attempt to write a letter on that account; considerable headache, mostly frontal, but at times in the back and top of the head; at times, especially at night, quite severe pain in the back, mostly in sacral region; severe pain a good deal of the time in the right arm, mostly in fore arm, ending in pricking in fingers of that hand. Gave him *Ptelia trifol.* 30th, four doses a day, and in two weeks he reported himself entirely well.

## CLINIQUE.

### THE LATE DR. J. A. WARD.

#### An Account of His Last Illness and Death, with Record of the Autopsy.

By PROF. J. W. DOWLING, M. D., NEW YORK.

On February 1st, at the request of Dr. Warner, I made a physical examination of the case of Dr. Ward. I found the doctor feeble and unable to take much exercise. Walking fatigued him, although he went daily to his lunch and dinner, about one block from his office. He said his appetite was poor, and complained of inability to sleep, and of paroxysms of dyspnea which would come on toward morning, lasting but a few minutes at a time.

He was somewhat emaciated, but not much less in weight than he had been for some months previous. There was oedema of the feet and ankles, but no apparent dropsy of any other portion of the body. Respiration hurried and unsatisfactory; pulse remarkably feeble, rapid and irregular; heart movements imperceptible to sight or touch; bowels he said were constipated; urine reduced in quantity to about twenty four ounces daily, containing, as I learned from Dr. Warner, a small quantity of albumen.

**Percussion.**—High pitched, pulmonary resonance over the lungs. Area of cardiac dullness increased to an inch and a half to the left of the mammary line. Spleen dullness normal; hepatic dullness increased.

**Auscultation.**—Suppressed respiratory murmur over entire lungs; no rales.

Heart sounds remarkably feeble and irregular.

Apical impulse heard loudest in the sixth interspace, one inch and a half to the left of the mammary line.

The sounds of the heart were anything but pure; but were so feeble and irregular that the character of the murmur could not be accurately made out. There was a want of synchronism in the contractions of the two sides of the heart.

From the increased size of the heart, its abnormal sounds, its feeble and irregular action, the conclusion arrived at was that there was valvular disease complicated with degenerated heart walls. The liver also was enlarged, to which conclusion Dr. Warner had already arrived. From this time on the doctor gradually grew worse. The dyspnea increased in intensity and the paroxysms were more frequent. The dropsy became general, and he finally died suddenly, while in an upright position at stool.

A peculiarity of the case was the fact that the doctor was at no time unable to lie in an almost horizontal position on the bed.

Dr. Warner, who had been Dr. Ward's medical adviser for years, states that some five years ago he had occasion to feel the doctor's pulse, and its irregularity led to an examination of the heart, which he found hypertrophied. When first consulted for present illness in January last, Dr. Ward complained of a heavy, dull feeling with distress in the epigastrium which disappeared almost entirely in three or four days, under the use of the remedies indicated, chiefly *Berberis*, *Nuxvomica* and *Merc. sol.*

At the request of Dr. Warner, who was unable to attend to it in person, I conducted the autopsy; Dr. Bukk Carlton, assisted by my student, Chester A. Mayer, making the dissections. Also present Drs. Bassett and Paine, of this city.

#### RECORD OF AUTOPSY.

J. A. Ward, M. D.; age, 53; died at 12 A. M., March 5, 1880; autopsy 14 hours after death; height, 5 feet, 8 inches; weight, about 150 pounds; rigor mortis well marked; general dropsy.

Face considerably swollen; oedema very much more marked on the right side than the left; right arm measuring 9½ inches in circumference; left 7½ inches; right thigh larger than the left; large oedematous swelling extending from the axilla of the right side to the hip; veins throughout the body prominent and distended. Upon opening the thorax, a large accumulation of clear serum was found in the pleural cavities—some three quarts in all—the quantity in the right cavity measuring more than double that in the left; pleura perfectly healthy aside from its infiltrated condition; no adhesions; both lungs more or less compressed by the serous accumulation; the right much more so than the left, but not carnified; both lungs congested and oedematous, right being very much more than the left; lungs otherwise healthy in appearance; pericardium infiltrated, otherwise healthy; no adhesions; the cavity containing eight ounces of clear serum.

**Heart.**—Very much enlarged; weight fully sixteen ounces; cavities dilated, particularly the auricles; right ventricle and auricle filled with post mortem clots; but little blood in the left ventricle; walls of the ventricles infiltrated, and in a state of fatty degeneration, and so soft that the finger could easily be forced through any portion of them.

**Aortic valves.**—Slightly thickened, but not sufficiently so to produce any obstruction to the free passage of blood into the aorta; edges of the mitral valve much thickened, producing stenosis; upon compressing the aorta and pouring water into the opening made at the apex, a slight insufficiency of the mitral valve was discovered; tricuspid valve and the semilunar valves at the pulmonary orifice normal.

**Liver.**—Weighed 48 ounces; very hard; slightly granular; apparently in the beginning of the second stage of cirrhosis; contraction hardly sufficiently advanced to produce much obstruction to the portal circulation; spleen normal, aside from congestion.

**Kidneys.**—Each weighed eight ounces; of almost stony hardness; capsule easily detached; corticle portion thickened, engorged with blood, and containing several small cysts with a clean, healthy lining membrane to each, the largest the size of a pea; no evidence of granular degeneration; peritoneum infiltrated, otherwise healthy; no adhesions; peritoneal cavity contained a moderate amount of serum; hardly proportionate to the amount contained in the pleural and pericardial cavities; stomach and intestines distended with gas; otherwise healthy.

The brain was not examined.

#### COMMENTS.

A marked and interesting feature of the examination was the extensive oedema of the right side as compared with the left; the large quantity of serum in the right pleural cavity, and the congestion and compression of the right lung, so much more marked than that of the left side.

This is readily accounted for by the fact that the doctor (on account of the left side of the bed being against the wall), continually, while in a recumbent position, inclined toward the right, the fluid gravitating to that side.

For weeks prior to his death, he spent most of the time in his bed. He had company the greater portion



of the time, and in order to listen to and engage in conversation, was obliged to lie upon the right side.

The question arises, what was the cause of death?

Owing to the sudden death, the upright position of the body, the straining at stool, and the degenerated condition of the walls of the heart, it is not difficult to arrive at a conclusion as to the secondary or immediate cause of death—*anæmia* of the brain resulting from a feeble action of the heart, owing to the degenerated condition of its walls. The fact of the cavities being so filled with blood, shows conclusively that he died during diastole of the heart.

If it had not been for the accident (sitting in an upright position and straining at stool) which was the immediate cause of death, he would, in a very short time, have died of asphyxia, resulting from the compressed and oedematous condition of the lungs. But what caused this oedema? Undoubtedly the degeneration of the muscular tissue of the heart.

Were the cardiac lesions alone sufficient to account for his condition?

As was seen, there was great thickening of the edges of the mitral valve, with consequent stenosis and slight insufficiency. There had been hypertrophy of the heart walls, undoubtedly sufficient to compensate for the valvular lesions. The action of the heart had been irregular for years, dating back to the time of his rheumatic illness, and yet until within a few months he had enjoyed comparatively good health, although he had for many years suffered from a gastric and intestinal catarrh, worse at times.

Had the condition of the kidneys and liver anything to do with the illness which caused his death?

Albumen had been found in his urine, *less at times*. This could be readily accounted for by venous stasis, which was undoubtedly greater when these evidences of nephritic disease existed, than at others.

The liver was somewhat atrophied, indurated and slightly granular, similar to the condition known as "nutmeg liver."

For some years previous to his death, the doctor, thinking to increase his strength, had had constant recourse to lager beer, wines, and sometimes to the stronger alcoholic preparations; never, however, to such an extent as to effect his brain. This habitual employment of alcoholic preparations was undoubtedly the cause of the enlarged and congested condition of the kidneys, and of the condition of the liver as found, which, had he lived, would have resulted eventually, in Bright's disease and actual cirrhosis of the liver.

As it was, the circulation in these organs was obstructed, rendering the action of the left ventricle labored, and of course acting as an obstacle to the free emptying of its contents into the aorta, which readily accounts for the dilated condition of the left ventricle; a condition which could not be accounted for by the valvular lesions at the mitral orifice, although these lesions, acting as an obstruction, would readily account for the dilatation of the left auricle, the right ventricle and auricle, and the hypertrophy of the walls of the right ventricle.

The impaired condition of the function of the liver by its partially cirrhotic condition, and the catarrhal condition of the stomach and intestinal canal, together interfered with the proper assimilation of food. Nutrition was impaired; compensation in the right ventricular walls began to fail; the obstruction at the mitral orifice could not be overcome, the blood, poor in quality, engorged the lungs, interfering with respiration, and a proper aeration of the blood. The left ventricle could send but little blood into the arteries, and the veins throughout the body became overloaded, resulting in the general dropsical condition, which, as before stated, would have soon produced death, had not the infiltrated and degenerated heart suddenly ceased to act from the extra effort imposed upon it.

## ANÆSTHETICS.

**Preliminary Report on the Action of Anæsthetics to the Scientific Grants Committee of the British Medical Association. By a Committee of Joseph Coates, M. D., William Ramsey, Ph. D., J. G. McKendrick.**

While this report is distinctly stated to be merely provisional, it shows clearly the great importance of the work which the committee has undertaken, and the results announced give us one pledge of the benefit physicians are likely to reap from their labors. The comparison of chloroform with ether has clearly demonstrated the former to be decidedly the more dangerous, acting as it does upon the heart to arrest its action, for which there seemed to be little or no relief. Their further investigations have brought to light two other substances, which have given them such satisfactory results that they are reserved for complete investigation, namely, the chloride of isobutyl and bichloride of ethidene. Both of these substances produced anæsthesia as quickly as chloroform, and appear to be without its baneful influence on the heart. In experimenting, the heart was exposed so that its action could be distinctly seen. In two such experiments on dogs with the bichloride of ethidene, when the anæsthetic was pushed so as intentionally to paralyze the lungs, artificial respiration being maintained, no action of the anæsthetic could be observed on the heart; when, however, chloroform was substituted for the bichloride of ethidene, the right side of the heart began almost immediately to distend, get dark, and its action rapidly failed. Several curious facts have been noted relative to the effect of small doses of chloroform and ether on the rapidity of nervous and mental processes. It was ascertained that a few respirations of air containing chloroform or ether produced remarkable retardation in the time of signaling back that a visual impression had been perceived, although the person operated upon was quite unconscious of the delay.

The committee has administered the bichloride of ethidene to patients six times, with most satisfactory results:

1. The respiration was not disturbed, although anæsthesia was complete.
2. The pulse diminished in frequency and increased in amplitude. When the anæsthesia is complete, the pulse is regular, full, and compressible.
3. No paleness of the face, no blueness of the lips.

The committee proposes to study further: The action of the chloride of isobutyl on man; the action of anæsthetics on the nerve centers of respiration; the action of chloroform, ether, bichloride of ethidene, and the chloride of isobutyl on the blood pressure; and the action of these various substances on protoplasm.—*British Medical Journal*, Jan. 4, 1879.

## FRACTURE OF THE FEMUR.\*

By M. G. HOUGHTON, M. D., BOSTON.

Fifteen years ago, while in practice among the hills of the Green Mountain State, I was summoned by my former student, the much lamented Marston (who subsequently fell a victim to the South Dedham tragedy of this State), to see a lady eighty-two years of age, and then residing upon a mountain ten miles away, who had sustained an oblique fracture of the upper fourth of the shaft of the right femur—occasioned by a fall while descending a staircase—with the usual shortening of the limb, two and one-half or three inches, and the angular deformity resulting from

\* Read before the Massachusetts Surgical and Gynecological Society.

the action of the psoas and iliac and the rotator muscles upon the upper fractured extremity, and the action of the flexors and gluteal muscles upon the lower fragment.

With wide strips of adhesive strap applied to opposite sides of the limb, from above the knee downward, for the purpose of making suitable extension, and the roller bandage applied from the toes to the groin to control spasm of the muscles and counteract the tendency to shortening of the limb so common in nearly all cases of this kind, and in promoting absorption of inflammatory deposits, we applied the long, straight splint, and, though one of our own manufacture, involving the principle of the Liston splint for the fracture of the femur. Then bringing the ends of the perineal band through the corresponding holes in the upper portion of the splint and securing them with a firm knot to make suitable counter extension, we proceeded to make the requisite extension, and to secure it by tying the free extremities of the adhesive straps to the foot of the splint.

And then to further secure the normal length of the limb by actual measurement, we pressed a wedge of wood between the splint and the knot in the perineal band, and with a roller bandage about both limb and splint, including farther support at the joint of fracture, and with a few turns about the hips and back, we left the patient with the usual degree of anxiety for a favorable issue.

But three days only, and we were in possession of the fact that our patient had very naturally made the discovery that when the wedge was removed, the perineal band made less pressure upon the groin, which to her was quite agreeable, but to us a reflection of the mal-practice suit brought against the renowned Prof. Dixie Crosby (now many years deceased) for results attributable to the intermeddling with the appliance by the patient himself, and which cost Prof. Crosby four trials in the county and supreme courts before becoming victorious.

Well, we were not long in repairing to the scene of the patient, well knowing that there should be no compromise upon the subject; for, if the cure turned out badly, no allowance would be made by the patient and her friends for any deficiencies, shortcoming or want of co-operation on their part, but the whole blame would fall upon the professional attendants, it being very properly assumed that they ought to know better than anyone else what the emergency demanded, and that we should therefore spare no pains to meet it.

Suffice it to say that the wedge was replaced and a screw was turned through it into the splint itself, with some degree of assurance that it would be turned in much deeper should there be farther interference.

The patient was kept in this splint forty days, and though not seen at that period by myself (when the splint was removed), or even since, I was assured by Dr. Marston, that there was little or no perceptible shortening of the limb, which afforded us the satisfaction that "the patient was not lamed or the doctors disgraced."

### AMMONIA IN ANGINA PECTORIS.\*

By L. B. COUCH, M.D., NYACK, N. Y.

A specific, a sure, safe, and speedy cure, even for the slightest of nature's ailments, is a great desideratum. I have watched with interest the promising career and unhappy end of many of these "sure cures." They rise, flourish for awhile, then disappear and are forgotten. My experience thus far attests the truth and wisdom of Helmhuth's remark in college days: "Boys, every new remedy, like water, finds its level."

\* Read before State Society.

Remembering the fate of many of these remedies, I shall be sure to claim nothing for *Ammonia* in the treatment of angina pectoris that experience will not verify.

Angina pectoris is classed among the neuroses; it occurs with every variety of cardiac disease, and may exist independent of any of them. Every variety of heart disease may occur without the development of angina, showing that it is not necessarily dependent upon them for its existence. The question then arises, what is the cause of angina pectoris? Fortiergill says that true angina is caused by spasm of the arterioles, which causes a pressure within the heart, and is dangerous in proportion to the condition of that organ.

If this theory be true, how are we to account for the terrible anguish and pain which accompanies an attack of angina? It hardly seems possible that distension of the heart could be the cause, for we know that the heart muscle may be cut, torn, and lacerated without the slightest consciousness of pain. Then, too, if this theory be true, *Amyl nitrite*, which not only stimulates the heart, but dilates the arterioles, would give immediate relief. The administration of *Amyl nitrite*, in a case of angina under my care, not only did not relieve, but proved a great aggravation, and could not be tolerated. This evidence, it seems to me, militates against the theory that angina pectoris is caused by cardiac distension.

As regards the treatment of this affection, I have little to say. I do not regard *Ammonia* as anything approaching a specific in this disease; far from it. I simply wish to say that, so far as my experience goes, I am delighted with its action, and hope that it will prove equally serviceable in the experience of others.

The following case of true angina pectoris, treated by *Ammonia*, will, I doubt not, prove of interest:

Mr. C. T., aged 52, had, some six years ago, an attack of inflammatory rheumatism, which resulted in an organic disease of the heart; he now presents the usual symptoms accompanying hypertrophy of the heart and insufficiency of the mitral valve. After undue exertion, mental excitement, or anger, and at times without any known cause, he has attacks of angina pectoris.

The pain is usually located in the precordial region; sometimes, however, it occurs in the right side of the chest also. It is described by the patient to be an exceedingly sharp pain in one or both sides of the chest, as if knives were plunged into the chest and turned while in the wound. He says that he dare not take a full breath for fear of inducing pain, but feels that relief would immediately occur were he to do so. The face is pale, and is indicative of great distress. Patient declares that the sense of impending death, which he experiences during a paroxysm, is dreadful.

When first called to attend this case, I advised *Aqua ammonia*, one drop every ten minutes in a little water. The effect was very happy; in a short time the pain ceased and refreshing sleep followed.

It was my fortune to attend this patient in some six or seven of these attacks, and the same remedy gave speedy relief in every instance.

This patient has, on more than one occasion, expressed his utmost faith in the *Ammonia* treatment, and declared to me that he had warded off several attacks by the timely administration of this drug.

I confidently predict that *Ammonia* will prove to be a most valuable remedy in this terrible affection.

DR. J. H. BUFFUM succeeds to the practice and professorship of the late Dr. W. H. Woodyatt of Chicago.

THE homoeopaths of Boston have appointed a committee of well known gentlemen of highest standing to petition the authorities for a city hospital.

# The Homœopathic Times.

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the ONLY ACKNOWLEDGED RIGHT of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

## A REGENERATED MATERIA MEDICA.

In a recent issue of the *British Journal of Homœopathy*, Dr. J. T. Dake argues with great force and earnestness for an entire change in the construction of our Materia Medica. We have repeatedly, in the columns of the *TIMES*, pointed out the radical defects of our Materia Medica, and insisted upon an absolute reconstruction, if it is to occupy a place in the ranks of science. Not only must the mountains of chaff be cleared away but the provings themselves be subjected to such close scrutiny by competent authority that they will give us real symptoms, the pictures of positive disease, instead of, as is now often the case, presenting us with imaginary conditions, the imagination and the reality being so mixed as to make it difficult to discriminate between them.

There can be no doubt as it regards the scientific basis of our Materia Medica. It has the full indorsement of the most earnest minds of all schools. Provings upon the healthy organism can alone give us a true symptomatic picture of primary drug action, but these provings, to be of any value, must be conducted, not only with the utmost care and truthfulness, but in strict accordance with a well-defined system. Let us know in the record of symptoms how much is really due to the action of the drug and how much to other causes, or to pure imagination. Our Materia Medica will always be crude and unscientific until some careful plan can be adopted and carried out under competent scientific authority. A college of provers composed of scientists who would take nothing for granted, but subject every point to the closest scrutiny and the most careful scientific tests, would soon sweep away the great mass of trash which disgraces our text books, and give us in an intelligible form positive pictures of disease, those real facts so essential in diagnosis and

treatment. Some such plan must be adopted before we can have a Materia Medica laying any claim to completeness, and if homœopaths do not speedily give it to the world, it will be done by others.

## TOBACCO SMOKING.

Whatever argument may be used for smoking tobacco by adults on the ground of physical weakness or mental inactivity there can be no good reason why it should ever be used by the young or in early manhood. It is not by any means a settled question which produces the most positive harm, tobacco or alcohol. In the young it is always productive of harm by interfering with nutrition, by producing an unhealthy action upon the nervous system, and by creating a diseased appetite for pernicious indulgences. A prominent physician selected thirty-eight boys from nine to fifteen who had been in the habit of smoking and examined them closely. In twenty-seven he found marked hurtful effects. Twenty-two had various disorders of the circulative and digestive organs, palpitation of the heart, and more or less craving for strong drink; twelve of the boys were more or less frequently troubled with bleeding at the nose; ten had disturbed sleep; twelve had ulceration of the mucous membrane of the mouth, which disappeared after discontinuing the tobacco ten or twelve days. These troubles continued until the patients gave up smoking.

Scarcely a day passes but what we are brought in contact with severe forms of nervous diseases traceable directly to tobacco. Under its influence the young grow rapidly old, or their nervous systems become so deranged that they are ever after chained to a vice which blunts their sensibilities and not unfrequently fills them with a thousand pains. The smoker is very apt to become such a slave to his vice that he will smoke at all times and in all places; in the parlor, in the street, in the steamboat, in the railroad car, without the slightest regard to the wishes or comfort of those about him. A vice which gains such a mastery over a man as to cause him to forget the courtesies of life, independent of its baneful influence upon the nervous system, should be cast aside as a freeman would cast aside the fetters of an ignoble servitude.

## PUBLIC INSTITUTIONS.

The recent trial which has so closely occupied the attention of the public has demonstrated one point at least—the importance of selecting suitable persons for the care of the inmates of institutions!

Whether the prisoner was really guilty of the charges preferred we shall not consider, but that he was incompetent for the position he occupied there can be no doubt.



The question at once arises, how are similar occurrences to be avoided in future?

We answer, first, that, as the responsibility of management rests with the board of trustees, our first consideration should be directed to the organization and *modus operandi* of these bodies.

We cannot expect the selection of proper persons as officers and attendants to be made by those who have no knowledge of the necessary qualifications for such positions.

The executive management of many of our institutions is in hands incompetent to judge of this fitness! Hence the public is now and then shocked by some terrible development, as of brutality, insufficient food, etc.

It is to the board of trustees that the public should look for protection, and violation or neglect of this trust should be punishable as misdemeanor.

Make an example, and a second Cowley case would be impossible.

The diet and the rules to be observed concerning it should be made by persons having a knowledge of the constituents of foods, their digestibility, and relative value as nutrients, together with an appreciation of the proper association of the articles to be taken.

How can we expect a suitable "bill of fare" to be made by those who do not know the difference between carbon and nitrogen, and their classification as foods?

Our experience has led us to the conclusion that the supervision of the conduct of boards of trustees is absolutely necessary, and we look confidently to the State Board of Charities to aid us in that direction.

The members of the medical profession owe an important service to the public in this connection.

It is to them more than to any other class that the public have a right to look for protection in the management of institutions, because they are supposed to be familiar with the best dietary and hygienic rules for their government.

Every board of management should have at least one medical member, willing to give his best attention to such matters as naturally come within his province. He should be consulted in regard to all these, with a view to the most efficient service and safety to the public health. There ought to be some standard of qualification attached to the position of matron or steward other than the simple fact that the candidate has been a housekeeper.

The public have a right to demand more! The candidate should be required to pass an examination in a certain fixed curriculum, which should cover those practical rules necessary to the proper care of the inmates of a public institution.

Our profession ought to take the initiative in this needed reform, and it will receive the thanks of the community for so doing.

## SANITATION.

It is a fact patent to every observer that Americans are not as well informed on sanitary matters as they should be. This is notably true in respect to our ideas of ventilation and drainage. This state of affairs may exist without its danger becoming apparent in new countries and sparsely populated districts; but when the village grows to be a town, and the town a city, the statistics of disease and death tell the story with sad emphasis. We suffer from defective drainage and imperfect ventilation in great measure because we do not know what effective drainage and perfect ventilation is, nor how to obtain either. But the instinct of self-preservation is beginning to awaken us to a sense of our danger; and the rapidly growing interest in and knowledge of these matters, already demands reform, and looks upon indifference as criminal.

The importance of efficient sanitary engineering is daily becoming more apparent, and the logic of events points clearly to the near approach of the time when the prevention of disease will assume equal importance and go hand in hand with the cure of disease.

At the present time the *Sanitary Engineer* is the aggressive influence in this matter; it is one of the signs of the times, and its efforts in the interest of philanthropy and good health should claim the hearty co-operation of the public in general and the profession in particular. Public sentiment will soon demand even more than this of the physician—it will demand a practical knowledge of the subject on his part as an integral factor in his fitness to pursue his high vocation intelligently.

## PUBLIC HEALTH.

Dr. S. A. Falligant, of Savannah, has issued an address to the people "of the South," which reads in part as follows:

When the Board of Experts was organized under authority of Congress it was supposed to be a Board intended for the ascertainment of all possible information concerning certain epidemic diseases—more especially yellow fever; but in the inscrutable accidents of individual selection, under human instead of Divine guidance, its *personnel* was made up almost exclusively of gentlemen whose opinions leaned toward the germ theory and the exotic origin of that disease. Naturally its conclusions merged into a comprehensive necessity for a grand national quarantine; and the exercisable powers of the National Board of Health, the outgrowth from the Board of Experts, have been confined by Congressional legislation chiefly to the quarantine aspect of the public service. In my individual capacity as a member of the Board of Experts, I entered my solemn protest against this dwarfing of a great creation into the mere representative of a faction of medical theorists, since grown smaller by degrees and beautifully less in numbers; and claimed in behalf of the great, intelligent body of the opposition that *local hygiene* deserved at least as much study and as extensive governmental assistance as any possible quarantine service. This was in January, 1879.

What have we seen since? The frost-bitten "germs" in the woodwork of the Plymouth defying the Arctic ice-freezing experiments, and the snow-clad "germs" in Memphis defiantly "hibernating" through a season of almost unparalleled coldness and "budding into renewed vitality," as the germists would have us believe, after a season of suspended animation! Yet in New Orleans, in 1879, as in Savannah in 1877, we find that careful previous sanitation and prompt local hygienic measures applied to the outcropping cases from separate special exhibitions of the disease prevented any epidemic development of the disease, while in Memphis the incomprehensible filthiness that fouled her atmosphere again furnished a bed for epidemic devastation. The lesson is too plain for mistake—a wayfaring man though a fool may run and yet read.

Now let us see how these facts concern our commercial welfare. If it proves (and it has already been proven in New Orleans in 1879, and in Savannah in 1877) that in the mere sporadic outburst of cases from special local foci, the prompt application of local hygienic measures will arrest epidemic growth of the poison where the general atmosphere is not foul, then our remedy is not by quarantining our cities, crippling and driving away our commerce, and reducing our people to poverty because of our ignorance and scare-crow method of dealing with the disease, but by prompt isolation and disinfection so that it cannot spread—always presupposing that we have already prudently avoided permitting our general municipal atmosphere to become putrid by means of internal or surrounding noxious elements. Thus much for our sanitation.

Now look at the dangers confronting us. Being personally acquainted with several members of the present National Board of Health, I but do them justice in saying that I fear no wrong at their hands; but when we have seen fraud triumphant in government, the Supreme Court packed to change opinions, immense powers and privileges conferred at the bidding of corporations and sections, the vast machinery of the Government wielded for partisan purposes, and a national safeguard set at defiance whenever in the way of higher law theories, *we but court corruption* when we place our whole commercial transportation and welfare under the control of a central body which may be changed at any time in the interests of corporate or sectional interests having temporary control of the appointing power.

I have little doubt that the purpose of the National Board of Health in seeking certain additional powers in quarantine matters is a commendable one in itself, originating in a desire to prevent irregular local shotgun quarantines, often doing more inconsiderate injury than more responsible officers are likely to inflict. If its actions should be confined to objects of this kind we would have more reason for approval than censure. But the proposed deprivation of all right of subsequent jurisdiction by State or municipal authority may work serious harm in forbidding that scrutiny which subsequent information may make desirable, even though a national inspector may have already given his certificate to a clean bill of health.

Now, what are we to gain? A few minor "sops to Cerberus," a few sub-inspectorships for needy doctors, a few thousands of dollars expended on quarantine stations, and the nominal "paternal interest of the Central Government in our welfare," while our ports may be shut up whenever "the Executive Committee of the National Board of Health so direct," whether our far more experienced physicians think such extreme measures necessary or not; our interior towns cut off from commerce by unadvisable quarantines, and our commerce driven for exit to ports having no interest in our local welfare. Is this at last of any real value to us? Let us see:

The more powers and duties are distributed in a country like ours, the more effectually are they applied. Whenever we put upon the General Government the vast responsibility of looking after the diseases of every hole and corner of the country, just so far we educate the people of these holes and corners to a neglect of their own welfare; and there will be a universal system of abusing the government for every trouble growing out of our own ignorance and neglect. This National Board of Health is not the paternal or maternal nurse of our infirmities. It is simply a Quarantine Bureau, without the power to help us in our needs, but with the proposed power to shut us within the walls of distress and poverty. It needs new powers, but not new quarantine powers. It needs the powers necessary to assist our poverty-stricken cities in improving their sanitary conditions; and these powers properly and judiciously exercised will bring us blessings instead of woes.

### STATE BOARD OF CHARITIES.

The thirteenth annual report of the State Board of Charities, presented to the Senate, begins by reviewing the work accomplished during the last year. It declares that the county poor houses number 56, valued (estimated) at \$1,956,987.74, and that the whole number of inmates during the year ending November 30, 1879, was 18,924; the number of persons temporarily relieved was 62,673; total supported and relieved, 81,597.

The average per capita yearly expenditure in the poor-houses the past year, above the income of the farms, according to the returns, was \$87.78; the weekly average \$1.09. The average amount expended upon each person temporarily relieved was \$1.98. The income from pauper labor amounted to \$40,950.96, or only \$2.16 for each person for the entire year.

The departments for the insane in Kings and New York Counties are greatly crowded, and unless soon extended these counties will need to avail themselves of State accommodations for at least a part of their insane. The returns of the officers of these institutions for the year ending November 30, 1879, tables 13 to 17 inclusive, furnish the following results:

The number of persons in the care of the various almshouses the past year was 39,001; the number temporarily relieved, 17,179; total supported and relieved, 56,180. For the preceding year the returns were as follows: Supported in the almshouses, 40,072; relieved outside, 58,072; total, 98,144.

Connected with these various almshouses are 328 acres of land, valued with the buildings, furnishing, etc., at \$4,335,800. The expenditures for the past year were: For in-door maintenance, \$1,025,993.30; for out-door aid, \$66,919.35; total, \$1,092,912.65.

Whole number of persons as inmates during the year, 57,925; number temporarily relieved, 79,852; total supported and relieved, 137,777.

The number of acres of land connected with these institutions was 8,773, and the appraised valuation of their entire property \$5,991,987.74. The poor-houses expended, during the year, \$592,874.33, and the almshouses \$1,025,993.30, thus making a total expenditure for the year of \$1,618,867.63, or \$8,214.04 less than that of 1868.

The report says:

From a survey of the figures presented, we can but reach the following conclusions: *First*—That there has been a large increase in the number of pauper insane in this State within the past twelve years, and that greatly in excess of the increase in the population. *Second*—That there has been no actual increase during this period in the volume of pauperism in this State arising from other causes; on the contrary, if we take into consideration the accessions to the population in the meantime, it has upon the whole proportionately

diminished. *Third*—That this result has been attained largely by directing public attention to the subject of this Board, and by organized efforts in other directions, thus securing a better class of officials, greater watchfulness and attention in the oversight and care of the poor, and a more careful and judicious expenditure of the public funds.

The investigations and examinations of this Board have led to the conclusion that while a large amount of the pauperism in this State arises from hereditary and other causes over which there is little or no control much of it may be prevented by appropriate and timely measures.

In addition to the hospitals connected with poor-houses there are in the State 36 general and 12 special hospitals, the gross expenditures of which during the year were \$1,121,494.17. There are 41 dispensaries in the State, of which 35 are general and 6 whose object is the treatment of specific disease.

The report is a very long one and contains a vast amount of interesting statistics.

### BIBLIOGRAPHICAL.

REPERTORY TO THE MORE CHARACTERISTIC SYMPTOMS OF THE MATERIA MEDICA, arranged by Constantine Lippe, A. M., M. D. Redell & Brother, Publishers.

On two former occasions it fell to our lot to criticise so-called homœopathic works. In each instance we incurred the animosity of the learned authors. We are now called upon to criticise another so-called homœopathic work, titled as above. In very fact, this is a homœopathic work, and will be used, no doubt, chiefly by homœopaths, since, as we believe, the advocates of "rational medicine," or, as they are designated by some, the "non-homœopaths," will have very little occasion to peer into its pages, or be unerringly guided by its priceless truths.

That it has faults, chiefly of omission, cannot be denied, for we ourselves have found some, and others have doubtless found many more. But the author, in his preface, says he is "well aware that a work of this kind is necessarily imperfect, and that many very characteristic symptoms are omitted which are known to others." Let this be the nucleus, then, out of which will grow a perfected repertory, through the timely suggestions from the members of the profession to the author. It already fills a want that has long been sadly felt by many of us, and, during the few weeks that it has lain on the desk at our right hand, it has helped us out of many a scrape.

The author has primarily divided his book into sections, much after the manner in which the symptoms of each remedy are arranged in our *Materia Medica*. The symptoms in each section are classified alphabetically, and the variations of symptoms follow each general alphabetic heading, being tabulated, first, *anatomically*, and second, the different shades of symptoms belonging to the anatomic region, or to the general heading, again *alphabetically*. It required many days for us to discover this arrangement, and, of course, we were at first disposed to quarrel with the author, and desire that the entire group of symptoms in each section should be arranged alphabetically. But as we confess ourselves unable to simplify the classification, and as we pronounce the work to be a stupendous undertaking successfully accomplished, we commend it to homœopaths in its separate sections and in its entirety, and would suggest that some of our friends in Albany, in Milwaukee, in Nashville, and even here in New York City, will carefully analyze this production through the medium of our medical journals, with a view to purging our literature of all that is false, spiritualistic, irrational, or idiotic. They can bring to

bear upon their task both talent, wit, and "a single eye to the public good." They may succeed in convincing all that symptomatology is a farce, and that such testimony as this book affords is "untrustworthy and unreliable." T. W.

### CORRESPONDENCE.

MESSRS. EDITORS: At the request of some professional friends I wish to ask you, and at your discretion, through the *Times*, your readers, whether, in your judgment and theirs, an essay into a New Therapeia Reconcilio would or would not now be in good time? And, entered into in the cosmopolitan spirit that should characterize medical as the typical representative of applied human culture, whether it would now be in order?

The century is closing, the commencement of which inaugurated, the course of which has developed, the mission, and the decline of which is rapidly fulfilling the destiny of the most important Therapeia Renuncio of medical history, important in many specific and in the largest general interests that rational views into the future open out to the sacred human and civil obligations of our calling; equally important, too, when rightly considered, from its general bearing, its keeping and consonance, in influences and time, with the deepest mental currents of modern progress.

But in this progress no institute of man can evade the laws that govern as surely the contingencies of decrepitude and decay as those of development and power. And, in view of these contingencies, it well becomes us to ask: Whence the rights of exclusive dicta born and bred for one, to command the intelligence of a succeeding epoch? Indeed, it has come, many of us feel, to be a serious matter whether, in the most direct application of these contingencies, one branch of the profession, while exulting in its own emancipation from all precedential authority, shall be allowed to handicap the growth of another to the shady seclusion of its ludding; or why the deduction drawn, however correctly, from (the predicates of) an outworn prestige, are to be interminably interposed and insisted upon as the limits of every expansion.

There is a chasm here before which only the most studied stolidity can reconcile the physician who, sensitive to the intellectual progress around him, finds his professional position to be that rather of a contemptuous implication for, than in consistent sympathy with, man's steady march into rational enfranchisement.

Shall we, then, in brief, be ourselves the last to recognize these wider implications, and rolling on in the ease of well-worn ruts, be the last among its broad companionships to realize the dignities of professional influences and address in the great civil economies and comity of mind?

Bearing in mind the fact, then, that Therapeutics is the pivotal problem before us; that in the undoubted recognition of the entire profession, a Rational Therapeia presents the intellectual test of a near future; that the highest awards at both professional and public disposal will surely crown the inaugurators and builders with the higher prestige; and that with truth, right, and the authority of vital principles, there is no such thing as minorities. A field here awaits the magnanimities of an earnest, studious few, such as nowhere else calls for our attention. We urge this question with the emphasis due to its importance, as the test of an immediately pending professional crisis. For this, Mr. Editor, is the sincere conviction of your correspondent.

In other directions we must remember that no amount of science, no refinements of scholastic adorn



ment or dissipations can remove us from the real tribunal of our professional estate. We are to be physicians upon the exactions of a standard that an advancing humanity, with its obligation, rears and rears, and not upon that which our self-seeking interest plants, or we are to fall by the way, and every vital element of our capacities and success converges upon the rational truth and growth of our theory and practice.

Much too long have we stood by, while the more intelligent of other classes ridicule our nonsense and shudder at our barbarisms, the most indifferent of all observers; and it really seems, so far as past and present professional positions indicate, that while the way can simply be kept clear for personal advantages, even with the most honored among us; while this or the other patho-ego can be sung as the Gloria in-Medicis of a day, the inglorious over-reaching clannish dogmatisms, the infinitesimalisms and empiricisms may hold their revelry, while our semi-civil praxis and semi-savage ethics, from being already a scorn among ourselves, become a by-word only to the public, and until our patho-sophisticisms complete with insignificance the well earned and well-deserved mental degradation of the medical profession.

While, then, the rights and economy of schism, in the crisis of great needs, is unquestionable, and its service as indubitable, its continuation beyond the fulfillment of its mission in the instituted shape of pre-established dicta, for a *progressive* science, is held to be destructive in the extreme.

Is it, then, we ask again, in time and order to enter upon the work of a Rational Reconstruction of Therapeutic Science and of the Philosophy and Art of Therapeutic Practice?

To yourselves as the custodians of the tribunal, and to your readers as the jury to signify in judgment and verdict, this is submitted without a desire to influence its rendering, and, in respect of tribunal, asking only that, entered upon, the presentation shall be held equally aloof from trivial and from dogmatic usurpation.

But in closing, some reflections more intimately connected with our professional experiences press their claims in urgency of a seriously well-weighted approach now to this subject in the professional journals.

In the dominant schools, before which, chiefly, this problem must abide a wholesome polemic ordeal, divergencies in each have entirely and finally sundered their wings of practice; the so-called allopathist taking his individual licenses without stint of the extremist toxic violence through every degree to that of an utterly opposite immaterial indifference in experimental expectancies equally careless and irresponsible to humanity, however disastrous his recklessness or recency may prove to be.

The so-called homœopathist, in the same *professionally* extorted irresponsibility of relations to human and civil obligations, takes an equally reprehensible license of handling a crude *Materia Medica*, for which his professional institutes give him scarcely a shred of competence, and not one word of recognition, to the opposite extreme of drug dissipation or dissemination, for which, were the whole earth densely peopled with skilled homœopathic triturators and the whole solar system converted into sugar of milk, there would not be sufficient hands in a thousand generations, nor sufficient time in a thousand centuries, nor sufficient milk or sugar in a universe of such systems, to completely medicate the one hundredth part of a grain of *Mercury*, for which a poor sucking baby might be awaiting in vain some little aid at the hands of our thus profoundly elevated professional lore. "And yet we are not happy," nor in the least measure satisfied.

There may be, there certainly seems to be, some strange kind of personal infatuation in these astrologic

inheritances of our profession and in this unlimited license to kill those who rely upon us for succor, or bewilder and betray those who contribute the means of our existence; and there certainly is an almost universal blind exultation in the exceptional irresponsibility that has finally been secured for our profession in exemption equally from all rational and from all criminal amenability for its innumerable blundering devotees, and that rides high-handed over every personal and civil equity in a regular indorsee to experiment with impunity and in the security of a support and protection that covers every wrong and fatal disaster against the scrutiny of humanity's deepest wounds and of the most criminal violations of its decalogue.

This, your correspondent affirms, is no overdrawn professional indictment (the *personnel* of which must not here be invaded), nor does he doubt that it is both ethically and practically the result of a therapeutic license and vice, for which the profession alone is to be held responsible; not that it would be any less responsible even were the whole body of its practitioners to fall into the inhumanities that its own institutive favoritism and patronage holds open for the reckless and recalcitrant to tumble into. And let us beware; for the real fruition of this is as sure to breed the decay of all professional dignity and power as it is that our clan seeking indifference to civil amenabilities has already undermined the platform of a public career upon which our every professional estate reposes.

While the question is thus put in an earnestness that sees no profit in meaningless equivocalities, it is put also, in an equal solicitude of amenity, to honest convictions, that should preside over and govern every sphere of reason and research, without the spirit of which, reconciliation—the watchword, as it should be, of all intellectual comity—becomes alike unapproachable and unapprehensible.

If these our suggestions are timely, the writer would urgently solicit the counsel and co-operation of your readers in reference to scope, methods, and the general and special requisites of such an essay, to the end that it may meet and engage the attention and interest upon the most efficient lines of treatment, with such chances of success, in the solution of our therapeutic discrepancies and conflicts, as its objective importance implies, and as the real difficulties of the case allow.

And asking the earnest attention of others, your correspondent pledges also his own unto the end of a reasonably satisfactory conclusion of our work.

Most respectfully yours,

R. E. CURENS, M.D.

N. Y. CITY, April 9, 1880.

## MEDICAL LEGISLATION.

### Liberty of Medical Opinion and Action.

BY H. M. PAINE, M.D., OF ALBANY, N. Y.

Among the medical bills introduced into the present Legislature, one favoring liberality and freedom of professional intercourse as against sectarian bigotry and intolerance has been reported favorably in the Assembly. It is the antithesis of a law passed twelve or fifteen years ago, giving county medical societies prerogatives, the exercise of which have interfered with the public welfare.

Members of medical associations should recognize the fact that, while ostensibly organized for their own special benefit, the management of these societies has a wider range than their own narrow limits, even extending beyond them to the communities where they exist. The regulations of these medical associations should be such as to inure to the public good. That this has not been done by many medical bodies the proposed bill demonstrates, else there would have

been no necessity for legislation in behalf of liberty of medical action—in fact, a professional civil rights bill.

The Brooklyn *Eagle* of March 25 has the following pertinent remarks regarding it:

"One is encouraged by the cessation of hostilities between the two great schools of medical practice—the homœopaths and the allopaths. There was a time within the memory of young men of both schools when association between members of different practices would have been as dangerous as between a Presbyterian minister and a Roman Catholic priest. To the homœopathist, the man who gave large doses was a cold-blooded, ignorant, bigoted butcher; to the allopathist, the disciple of Hahnemann was a quack and a knave. Each maintained that his system was not only absolutely perfect and met every requirement, but to concede the smallest excellence on the part of the other was equivalent to an admission of weakness and ignorance.

"In order to make this more apparent, the two schools banded together in associations from which any member would be expelled if he consulted with one of the other establishment. Of course, for a time, the homœopathic doctor had the worst of it. The physician of the other school occupied the ground and declined to yield an inch of it. He had all or nearly all the colleges and hospitals, and defied his erring brother to dislodge him.

"The erring brother held his own, however, and began to gain ground. By and by he recruited his forces from the allopathic side, and so slowly reached the position of perfect equality with his rival. Nowadays, one will not be surprised to hear the strictest sect of the allopaths admit that the other school contains some very able men, and that as a school they have beneficially modified the practice of medicine by forcing their opponents to reduce their doses. On the other hand, a concession is made that there are some cases in which mechanical treatment is absolutely necessary. The war has resulted in bringing both sides closer. Each has borrowed largely of the other. The practice of medicine has been vastly improved, and humanity has been the ultimate gainer.

"While as individuals, however, rival practitioners are willing to acknowledge each other's excellence, the societies to which they belong still adhere to the old principle of expelling members who consult with doctors—they are admitted to be doctors now—beyond the pale. There is a bill before the Legislature at present, prohibiting any county, State, or local medical society to punish or discipline any member of such society for any aid, assistance, or counsel he shall render to any physician of a different school of practice.

"It is to be hoped that this bill will pass. It might be entitled a bill for saving lives of a great many persons jeopardized by the bigotry of a few unthinking practitioners. It is a notorious fact that while doctors differ patients die. It is also notorious that in some diseases the homœopathic school has displayed a curative ability which the other cannot boast. . . . On the other hand, there are disorders which are more successfully dealt with by heroic treatment. Shall it be permitted, therefore, for a clique of men to say that a number of patients shall be doomed to death because it is against their rule to allow consultation with another?

"The public will be benefited, without doubt, by the removal of the artificial barrier which keeps the various schools apart. Each has already learned something from the other, and by a closer intimacy and exchange of views all will continue to be benefited by new ideas.

"The bill simply disposes, through the strong arm of the law, of a relic of barbarism, and should be passed without delay. It contains no provision that

is so ambiguous as to warrant debate. In fact, it should have been passed long ago."

The provisions of the bill are as follows:

"An Act Authorizing Physicians of the Different Medical Schools to Meet in Consultation : \*

"SECTION 1. It shall be and is lawful for the physicians and surgeons of any medical school duly recognized under the laws of this State to meet in consultation, in cases of sickness, with physicians of any different system of practice now recognized by the laws of this State.

"§ 2. No county, State, or local medical society shall in any way or manner discipline or punish any member of such county, State, or local medical society for any aid, assistance, or counsel he shall render to any physician of a different school of practice.

"§ 3. All acts in conflict with this act are hereby repealed.

"§ 4. This act shall take effect immediately."

### THE DOVER (N. H.) RESOLUTIONS.

#### An Attempt at Practical Liberty of Medical Opinion and Action.

The medical men of Dover, New Hampshire, have taken a step in the direction of practical fellowship of all educated and properly qualified practitioners. This step would represent a long stride in advance, were it unaccompanied by a refusal to "recognize" any who still retain membership in societies having a sectarian name. The first resolution will, no doubt, meet the approval of many of the more liberal homœopaths who still deem it expedient to retain connection with nominally distinctive medical associations. Although the authors and signers of the second resolution evidently had well-meaning intentions, its phraseology expresses sentiments quite as liable to criticism as if taken bodily from the code of ethics of a strictly sectarian association.

The following extracts have reference to the resolutions:

Boston *Index*, March 4, 1880: "The founders of the various modes of treatment were men of indefatigable industry and undaunted energy, and some of them were profound classical scholars, but their minds must have been perverted by vanity when they assumed that each of these so-called systems contained the all-in-all for the cure of diseases. . . . Strife and wrangling about 'patents' and 'isms' have frustrated many good endeavors for human improvement among medical practitioners. Like all partisan and sectarian schemes, these hobbies interfere with better work for the welfare of humanity."

Dover *State Press*, March 12, 1880: "What is the decision of rational common sense people? That both are honest physicians and are willing to meet any man or woman as physician to physician, provided they are rational and honest enough not to use any of those worthless names—as allopathy, homœopathy, eclecticism, etc."

Dover *Inquirer*, March 18, 1880: "Judging from a communication in another column, there must be greater harmony existing among the physicians of different methods of practice than formerly. This is as it should be. To save life should be the primary object, rather than quarrel about names and theories."

The resolutions are as follows:

"Resolved, That we will in no way approve, sanction, or hold allegiance to any organization, society, or name, which, by giving exceptional prominence and authority to any exclusive medical dogma or

\* Assembly Bill 444, February 10, 1880.

system of practice, tends to limit such freedom of thought or opinion.

*Resolved*, That we will recognize professionally those, and only such, honorable and well accredited physicians as in their medical associations and conduct conform to the spirit of the foregoing resolution."

These resolutions are signed by seventeen physicians.

## REPORTS OF SOCIETIES, ETC.

### HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

[Continued from March number.]

#### AFTERNOON SESSION.

The society resumed at 2:30 P. M., the first Vice President, Dr. Alfred K. Hills, in the chair.

#### REPORTS OF BUREAUS.

Dr. John J. Mitchell in presenting the report of the Bureau of Materia Medica, said it is a good omen in so far as the business of the society is concerned, if all the bureaus are in the position of the Bureau on Materia Medica, for we shall get through very quickly and have very little to do. I have had a number of papers promised and I believe there are five or six in existence, but I have been unable to obtain them. Those I have I will read by title as follows:

"Have We a Therapeutic Law?" by John J. Mitchell, M. D.

"High Potencies: Do They Affect the Living Organism," by P. P. Wells, M. D.

"Phytolacca Decandria," by E. M. Kenyon, M. D.

"An Introduction to the Study of the Potashes," by G. F. Allen, M. D.

"Petroleum Poisoning," by M. M. Gardner, M. D.

The paper entitled, "Have We a Therapeutic Law?" was read by Dr. Mitchell.

On motion the report was accepted, and Dr. J. J. Mitchell was elected chairman of the bureau for the ensuing year.

The next business was to receive the report of the committee to which was referred the preambles and resolution offered by E. P. Fowler, M. D., at the annual meeting in February, 1878.

Dr. J. J. Mitchell said the committee are sorry we cannot present a unanimous report. One member of the committee has declined to act with us in the report for reasons which we will hear at the proper time. I think perhaps before giving the report I should say, that whatever may be the result of our action this afternoon, we come together with far different hearts than we did a year ago. I must say I came to the meeting a year ago trembling. It seemed as if a rupture was impossible to be avoided, for one brother was fighting against another, and it seemed as if trouble was brewing. This has been a year in which a cementing process has been going on, and we seem to have more knowledge of each other than we did a year ago, and whatever may be the outcome, I think the correspondence of the committee with and seeing members, and getting their ideas has been a profitable one for the society and the committee. Of course while the committee does not at all yield in principle, their object has been to present some views on which the society can unite, or on which there may be a basis of action. Of course in a delegated body like this, delegated by bodies very far from here, it is almost impossible to have unanimity except on great principles, but they have attempted to act as peace-makers. They have seen brethren trammelled by doctrine rigidly enforced which they did not believe in, and they have tried to relieve themselves by adopting principles which have been misconstrued. Freedom

we believe in, and a rigid adherence to fundamental law, and that is the foundation of the report we make this afternoon. The report is as follows:

The committee to whom was referred the report upon the State of Homœopathy received by the society at its last annual meeting would respectfully report,

That in accordance with the resolutions contained in the report, the members of the committee have during the year conducted an extensive correspondence with the profession throughout the State.

They have endeavored to obtain from those who feel aggrieved, a statement of their cause of complaint; and they have attempted to unite in a report to the society which shall be true to the principles of homœopathy, and yet broad enough to cover the real issue which seemed to demand the resolution of 1878.

Your committee has formed a general and most hearty concurrence of belief in the law "*Similia Similibus Curantur*." It has found a diversity of sentiment concerning the use of attenuated medicines, and as to the reliability of proving made with them.

There is also a lack of harmony prevailing throughout the profession as to the expediency of putting upon record any expression concerning the use of extraneous appliances, when treating a patient with internal medication, administered according to our therapeutic law.

It is very generally conceded, however, that the mere fact of being a homœopathic practitioner, has debarred no one from the right to use such appliances, if in his judgment they are demanded.

Your committee wish to draw careful attention to the protest of those engaged in the passage of the resolution of 1878.

They contend that their position has been misrepresented, and the intent of their resolution most unjustly judged.

It seems to your committee that in their attempt to place themselves in a proper position before the community, they were betrayed into expressions that appeared to be false to the principles they had so long professed, and for which they had so long contended.

Your committee remembers that words do not always convey the thought intended. And they cannot do otherwise, than exercise the utmost charity toward the movers of the resolution of 1878, and to express their confidence in their protestations. We deem it expedient, however, to calmly and decidedly put ourselves upon record as mis-represented by it, and we wish to do this in plain and unmistakable language.

Your committee, therefore, suggests that the resolutions which they herewith present, be adopted as a substitute for the preamble and resolution passed by this society in 1878, as expressing the views of this body in regard to the matter under consideration.

*Resolved*, 1st. That we adhere to the formula "*similia similibus curantur*," as enunciating the great therapeutic law for the treatment of disease. Evolved by induction, formulated by the venerated Hahnemann, tested and approved by thousands of physicians during scores of years, we are assured that, with our increased knowledge of the Materia Medica, we shall be able to demonstrate more fully its universality as a therapeutic law, and show in a more perfect manner its harmony with other and natural laws.

*Resolved*, 2d. That we clearly and emphatically distinguish between a "therapeutic law" and the laws of chemistry, physics, and hygiene; and while in the treatment of disease, their formula, "*causa sublata tollitur effectus*," is often to be remembered and used with advantage, yet such laws and such action in no way infringe upon or invalidate the therapeutic law, "*similia similibus curantur*."

*Resolved*, 3d. That in subscribing to the law of "*similia similibus curantur*," we have not in the past, nor do we now, yield one title of our rights as physicians, to use any means or appliance of the general profession in the treatment of our patients, or in the



palliation of their suffering, through the application of any physical, surgical, chemical or hygienic law, leaving the question of such use to the individual judgment of the practitioner.

*Resolved, 4th.* That the great work of our school in the advancement of medical science is the proving of drugs, the enlargement, purifying and verifying of our *Materia Medica*, and its practical application in the treatment of disease.

That we point with just pride to the work we have already accomplished. And we recognize in the continual appropriation of the results of our labors by other schools of medicine a virtual endorsement of our work and a tacit acknowledgment of its value.

*Resolved, 5th.* As we have been unable, as yet, to deduce a law to guide us in determining the amount of a drug to be used, or the attenuation to be exhibited, in order to meet the demands of any case most accurately, this society, while on the one hand it refuses to join with those who decry attenuated medicines, on the other, will not refuse to recognize those, who, governed by their honest convictions, can only exhibit crude medicines or the lowest attenuation in the treatment of the sick.

*Resolved, 6th.* That, contrary to the opinion held by some, we most thoroughly endorse, and would most earnestly enforce, the study of pathology and pathological anatomy in our schools and by our students, as determining in the direction of a broader medical culture.

*Resolved, 7th.* In conclusion, we would most frankly and fully join in the motto:

*"In certis unitas, in dubiis libertas, in omnibus charitas."*

J. J. MITCHELL,	} Majority of Committee.
ASA S. COUCH,	
W. C. DOANE,	
A. W. HOLDEN,	

Dr. Carleton.—I wish to define my position in a few words and in just a little plain English. Previous to the Fowler resolutions, in 1878, we were in harmony. Why was that firebrand thrown in? It was to set us by the ears and make us trouble. An effort was made to bring the matter up last year, and my idea was to make white paper of it, but it did not prevail. A committee was appointed, and you have heard the report. There is a great deal of plain truth in it. It is all understood that we are homœopathic physicians. But the majority of the committee don't urge, at the present moment, the adoption of the identical report which they submitted, but present another, which is virtually the same thing, although changed in some particulars, and it leaves the same holes for running in a false doctrine all the way through. My idea is to make white paper of it and let the report be laid on the table, and then the Fowler resolutions can be expunged, and we will shake hands all round.

Dr. —.—I move the report be accepted.

Dr. Wildes.—I move, as an amendment, that the report be accepted and the committee discharged, and that these resolutions of 1878, known as the Fowler resolutions, be now expunged from the books.

The President.—You are covering too much in your amendment. The motion was that the report be accepted, and the amendment is that the committee be discharged. Will you make the other a separate motion?

Dr. Wildes.—It belongs together, and should be taken together.

The President.—I suppose Dr. Wildes understands that the acceptance of a report is equivalent to its adoption. To receive a report is one thing, but our latest authority on parliamentary law, Roberts, who is endorsed by Gen. Husted and others, holds that to accept a report means its adoption.

Dr. Wildes.—Then I will change the language of

my amendment, and make it that the report be received and the committee discharged, and that the resolutions of 1878, known as the Fowler resolutions, be expunged from the books.

Dr. Carleton.—I hope every friend of homœopathy, and of peace and quietness, will vote yes on that.

Dr. Burdick.—I am very sorry, indeed, to see the report and resolution coupled in this way. I don't believe it is conducive to the welfare of the society. I believe we should act individually and concisely in the matter, without any combining of principle or confusion in our action. I shall certainly oppose the amendment in the position in which it stands. I do believe I am a homœopath, and I believe I am a friend to homœopathy and this society, but I also believe to put the amendment in this position is going to be injurious to members of this society. I believe in taking things separately and individually, and disposing of them in that manner. I certainly hope the amendment will fail.

Dr. Biegler.—It occurs to me, after hearing the report of the committee and minority report, my mind reverts to where we were before the Fowler resolution was adopted. I was present then, and Dr. Wildes and I were the only members opposed to the adoption of the resolutions. We thought it was unnecessary, and we professed to adhere to the law we held up to the world as our guide. Now, the adoption of those resolutions was not necessary, and I could not ascertain any reason why they should be adopted. No reason was given at the time. We were well off as we were, doing what members of the society are doing to-day, professed homœopaths; and if others were doing the best they could, and failed to succeed in their treatment of patients, there was nothing to prevent their associating with us. We could extend the hand of catholicity to all, hoping and praying that we might improve in the knowledge of medical law and spend our time with them in its development and testing the practice. There was no necessity for the resolutions; they were perfectly useless and only created ill feeling, and I agree with Dr. Carleton that the sooner they are made white paper of the better. Then we shall take our true position before the world as true men, adhering to our principles and what we profess. Under present circumstances we have trailed our banner in the dust, and degraded it before the world, and become a mongrel lot, and given ourselves away before the world for some bad object. I think we had no reason to sacrifice our principles or the law we profess. There can be no cause for dissension or ill feeling by expunging the resolution and simply maintaining our true position before the world as homœopaths.

Dr. Wildes.—Since discussion is allowed, I desire to supplement the statement of Dr. Biegler when he says he and I were the only two who opposed the resolutions, which were endorsed by the New York society. They have since been expunged there. Last year I tried to have them expunged, and I knew if they got it to a committee it would prevent their being expunged. The matter went to the committee by a majority of one vote, although erroneously published by a majority of two. I claimed that these resolutions were either of value to good homœopathy or of no value; they have been shown to be detrimental to our progress; to be injuring us before the public, and before the old school of practice. We need them off the books. In order to prevent their being expunged, the matter went to a committee, and they unanimously agreed to their report, which was spread broadcast, as I insisted it should be. Unfortunately for some one there was a good homœopathist on the committee, and he managed to introduce so much good homœopathy into it that it was not stomachied by some one, and here we have a substitute. Are we going on from time to time offering substitutes for resolutions? Let us wipe the slate off clean and begin again, as I urged

last year, and that can only be done by starting where we were—and where we were, heaven knows, was good enough to build this society up. We showed what we could do by the cures we were effecting, and by expunging these resolutions we shall stand just as we did.

Dr. Burdick.—I wish to say one word in reference to the position I hold. I would like to vote on these separately, and I think, if the mover and seconder of the resolution will consent to receive the report and place it before this meeting, and then allow the subject to be acted on separately, I am ready to vote for it; but I oppose the combination of the two things.

Dr. Paine.—It seems to me Dr. Wildes is in the same position as a great many of the friends of high potencies—they give their medicines, and jump at a conclusion. Dr. Wildes desires to anticipate what we all purpose to do afterwards. If he will withdraw part of his resolution we shall all vote for it.

Dr. Wildes—What honor is it to me to have Dr. Paine move to expunge the Fowler resolutions?

Dr. Couch—As a member of the committee I am perfectly willing to vote for Dr. Wildes' proposition. It is not the way I would go to work to do the thing; it does not represent my ideas of what is apparently the best. I have only kindness for Drs. Wildes and Carleton, and I have entertained for them not only feelings of respect but of affection. If it is hard for them to digest, I will be ready to expunge it. All there is of it in this matter is a grief between the members of this society, as Dr. Biegler has stated, and there was no real necessity for the resolution. We entered on new ground, and involved the society in an unfortunate predicament. While we agree on that, it is only a question of the judgment of men how we can get out of the position and have the world exactly understand it. We are not to have any trouble in the society, and for one I would rather that the nine-tenths of the society should go to the one-tenth in regard to this matter of peace and harmony, than that the one-tenth should be permanently alienated because of a feeling of false pride. I have been sitting here thinking the matter over quietly, and I can see no harm in the gratification of our friends from New York by accepting their view of this matter. I shall cheerfully vote to accept the report and expunge the resolutions, as we have more to do now than we can get through in two days.

A motion was then made to divide the question, which was adopted by 23 to 12.

The question was put on receiving the report, and it was adopted. The question was then taken on Dr. Wildes' motion to expunge the Fowler resolutions, and it was adopted unanimously.

A motion was then made that the report be adopted. Dr. Carleton—Now I should like to look at it for another year. I move to lay it on the table.

The motion having been seconded was put and lost.

Dr. Wildes—I trust the report will not be adopted. To go over the ground again and give my reasons, I should have to reiterate much that I have said. I want to call attention to one point; if it is worth adopting now, it was worth adopting last year, and now this year we are asked to adopt a report which is not a unanimous report, but a fixing over of last year's report. I oppose it for this reason, not because that I oppose those gentlemen, but because it has been shown that the bringing up of this resolution year after year is an interminable thing like the artillery and baggage train in the army stuck in the mud, and the tail of it is the Lord knows where. I think the most sensible thing the men and women in this convention can do is to vote these things down, for while they express our sentiments of homeopathy, we don't want them, not because we disapprove the sentiments they express, but because of the mischief they may lead to. Vote them down so that we may know where we are.

Dr. Doane—I hardly think it is fair to do that. I think I speak the sentiments of the State Society when I say the State Society felt bound to expunge the Fowler resolutions, but I see nothing in the report that is objectionable. It is the result of an extended correspondence with the homeopathic physicians throughout the State of New York, and it expresses the feeling of the majority, and it is not excellent taste for the minority to find fault. I trust this matter may be terminated, and the way to terminate it is by the adoption of these resolutions. That leaves the question just where it ought to be left, and just where I trust this society will leave it, and that is: the man who believes in our law of cure, and practices according to his best ability, is a homeopathist. I have been in this society for twenty-five years, and have practiced, according to the best of my ability, *similia similibus curantur*, and I believe it the best therapeutic system, but I am a physician, responsible to my God and to my conscience, and do not hold it to be the only system. I hold it to be my duty when I stand at the bedside of a patient to do all that I can and adopt every means I know of to relieve a patient, and I shall do it in spite of any organization under the sun, and hold myself responsible to my own conscience. There I trust it will rest, and let it go forth that we want results, and the question is, do you prescribe according to our therapeutic law? If you do you are entitled to the consideration and support of this society everywhere.

Dr. Wildes—I take exception to some of the remarks of Dr. Doane. I don't say I adopt the sentiments of the report in all respects; I said in many respects they involve my sentiments and the sentiments of the homeopath. He hurls at us that we are not properly receiving the courtesy extended to us. We don't need that courtesy here, and I don't know what prompted him to make that remark, as we don't need it. As a question of homeopathy, Dr. Doane says he treats to satisfy his conscience by using any and every appliance. Now, the other appliances in his mind may not be able to hold a candle to homeopathy. I say in adopting this resolution we are opening a door that will lead us heaven knows where. We did not need them twenty years ago, and why should we need them now.

Dr. Doane—We did not need them twenty years ago, and we did not have these discussions. This question never came up, and we didn't have these gentlemen here to fight us. The question was our law of cure, and it is the question now. It was not whether you use this or that means of cure. The great principle has been lost sight of, and that is our law of cure. I don't want to have it lost sight of. The gentleman says I am not able to hold a candle to some of the greater lights. I bow down in humility, and I say the smallest star has a right to shine, and it would be very cruel in the sun and moon to wipe out these little lights. Please let us live! (Laughter.)

Dr. Burdick—I regret that the necessity for any resolution in this direction has ever occurred in this society or any other homeopathic society. We had trouble enough through them in our county society in the city of New York, but as the resolutions known as the Fowler resolutions have found their way into the society and have been placed on the books, it does seem to me, after all the feeling shown by one and another, we can well afford to adopt the resolutions offered to us by the committee. I find nothing in them in any degree militating against homeopathy in any way, shape or manner. It is in a measure, the adopting, as a whole, the law of *similia similibus curantur*, but gives us the right to practice surgery and the removal of poisons from the stomach and other places, and does it without conflicting in any degree with the principle *similia similibus curantur*. I hope the resolutions will prevail.

Dr. Carleton—Let me say one word of explanation of the vote I gave to lay the resolutions on the table. It was to dispose of the matter. I heartily concur in the

resolutions, but in laying them on the table I thought we would wipe out the whole thing.

Dr. T. F. Smith.—I can't see of what use the resolutions are. Dr. Burdick says the resolutions of Dr. Fowler were placed on the books, it is necessary some resolutions should be placed on the books to counteract them. Now they have been expunged from our minutes; and where is the necessity of passing such resolutions as these? I grant that the resolutions as a whole are unexceptionable, but it seems to me there are some loop holes there that we may at some future time be sorry we placed there. As an individual, I hold I have a right to use any appliance, or any thing I think best, for the relief and cure of my patients. I believe the law of homoeopathy is the universal one, yet we may not have studied it all of us so that we may be enabled in all respects to prescribe homoeopathically; and if we fail it is not to be laid to the law of Hahnemann, but to our own want of knowledge. Our duty is to administer to our patients, and if we don't know enough of the *Materia Medica*, and if we are not ready to prescribe to relieve the patient, I claim I have the right to use that which will save the life of the patient, be it homoeopathic or not. But as a society we have no right to endorse such treatment on the part of our members, and we are bound to live up to the law of *similia similibus curantur* and insist that they shall do the same. If we pass these resolutions we put ourselves in the position of the Eclectics, and our members may do anything they think best.

Dr. Wildes.—I desire to call attention to one of the loop holes. In the third section of the report read to the society a year ago and scattered broadcast the words "under the homoeopathic law" were inserted. In the resolutions offered by Dr. Mitchell these four words are absent, making a very big loop hole.

Dr. Doane.—One word more on these resolutions. My friend Dr. Smith insists upon it that he would use just such agencies as he thought fit to benefit his patient, and says still the society should not tolerate it. It is a pretty poor church to adopt a code of morals that its members can all violate. I would not belong to such a church. We claim the right, and the gentleman says the society should cover up the breach. Is that the case? No, sir; every physician within sound of my voice to-day will tell you those are his sentiments, that he uses those remedies which his judgment and conscience dictate, and if that be the judgment of every man let the society stand on the liberal, high-minded, generous basis before the world, and say we stand behind our members and endorse their acts. I would not give anything for a society that cannot be as manly as its individual members.

Dr. R. A. Adams.—The delegate from Syracuse has spoken of the smaller lights. The great luminary has subsided, and I consider the resolutions merely a compromise to clear away and remove the incense, the nightmare which has been upon us for two years; and it is for the society to say whether they will vote for these resolutions to follow us still. I believe in leaving it where it is, and then, as our friend from Syracuse says, we will have no occasion to quarrel any more. Better leave it where it was. We were harmonious then, and there is no reason why we should disagree to day.

The previous question was then ordered, and the report of the committee adopted, 33 voting in favor of it.

#### HIGH POTENCIES.

The next business was to receive the report of the committee appointed to co-operate with the Milwaukee Academy of Medicine, in testing the efficacy of high potencies, H. M. Paine, M. D., chairman.

Dr. Paine read his report.

Dr. Burdick.—I move we refuse to receive the report of the committee, and discharge the committee.

Dr. Guy.—I hope that will not be done, sir. The

report does not meet my views at all; I am diametrically opposed to the report and the substance of it; but receive the report, and do what you please with it afterward—but don't show a discourtesy by refusing to receive their report.

Dr. Smith.—I don't wish to discuss this report of Dr. Paine's, but it seems to me the minority of the committee have undertaken a duty which was not delegated to them by the society at its last meeting. If I understand it right, the committee was appointed to prove certain tests put forward by the Milwaukee Academy of Medicine. I don't understand that committee was appointed for the purpose of investigating the truth or falsity of high potencies or low potencies. It was merely to co-operate with the society in testing its remedies; but I think the minority has given his views as to whether high potencies were correct, and as to whether low potencies were something homoeopathic physicians should use. I don't think he has done anything delegated to him.

Dr. Wildes.—As one of the members of that committee, I disavow many of the things said by Dr. Paine in his report. The majority of the committee does not suggest that the society should take the course he proposes. We don't feel we have a motive in the matter, but feel our duty commenced and ended with the co-operation with the Milwaukee Academy of Medicine. When the majority of the committee, from careful investigation and thought, discerned the fact that this society would be wronging itself by taking any such step, and discerned the fact that we could not put ourselves in the false position such as we had been placed in by such action of the society, we made our report and recommended the society take no action, and we sent a copy of the report to the president, recommending that he should present it to the society to-day. Subsequently Dr. Paine presented his supplemental statement; it strives with our points, and we made a supplementary statement which disposed of the matter summarily. All of the other part of the minority report does not belong to it, and at the close of that the report of the committee should end. If it ended there, I should say accept the report, lay it on the table, throw it in the fire, or do what you will with it. As it does not end there, as one of the committee, speaking for himself and authorized to speak for Dr. Gardener, I shall refuse to receive it.

Dr. Couch.—It is true the committee sent to me a copy of their report, with a request that I should preserve it and bring it to the convention. I have to throw myself on the indulgence of the committee and society by stating that, in my haste in getting away, I forgot to bring it.

Dr. Wildes.—That which I sent the president has just been read by Dr. Paine as the statement of Drs. Wildes and Gardener.

Dr. Burdick.—One word as to my reason for asking the society not to receive the report. My reasons are these:

This report is a gross insult to a large number of the members of this society. There are members of this society who believe in the use of high potencies as high as the thirtieth potency. They have the evidence, in their practice and clinical experience, of the beneficial results, and I don't believe it is the province of any committee to come in any association of this kind and throw in the face of these men insults of this character. I have in my own experience used high potencies with good results, and I have used low potencies with good results. If a committee or a chairman of a committee should come in here and make a report against any class of men who use low medicines or crude solutions, I would take the same ground I hold now. It is not because I use high or low potencies, but because I consider it an insult to say anything of this kind. Not only that, but it is the grossest misrepresentation of the founder of the system. Everything pertaining to



the report shows a vindictive determination to force a prejudgment upon that which the gentleman knows nothing about evidently, and it is for this reason I hope the report of the committee will be rejected.

Dr. Paine.—The gentleman says I have insulted him and others who use high potencies. I would like to know wherein I have insulted any one. I have raised the question of high potencies. I would like to know what the society is for, if not for the discussion of what medicine will do or not do? I don't believe these medicines act homœopathically; the doctors say they do. When I say I don't believe that it is good homœopathy, and put it on paper, is it an insult? Is it not merely a discussion of views? Some say they don't believe it acts homœopathically at all; and that is all I say. Some choose to take it to heart because I say something that is opposed to their ideas, and I offer these views in connection with the report because I thought it was just the place to offer it. I am ready to withdraw it if the society wishes, or let them reject it. It is no matter of mine. I urged the president not to put me on the committee, as I told him I did not belong there. It belonged to those gentlemen who say they are insulted to-day; but what I want them to do is to furnish evidence that we can believe, or such evidence that when they try a man for a high crime would convince a dozen jurymen. That is what we want. We don't want the evidence they furnish, and that is all I have said.

Dr. Burdick.—I have not the least objection to Dr. Paine coming before the society and expressing his disbelief in homœopathy, religion, or anything else, but I do object to his taking the position as chairman of a committee, and bringing in a tirade against members of the profession and the society. It is not the place for it. I have no objection to Dr. Paine asserting his views as a man, but when he takes advantage of his position as chairman of a committee to thrash certain members of the profession, simply because they don't believe as he does, I object to it.

The motion to reject the report was then put and carried.

#### RECEPTION OF THE AMERICAN INSTITUTE.

Prof. Dowling, chairman of the committee on reception of the American Institute, said: Many of the members of the society attended the session of the American Institute last summer, and therefore I don't think any extended report necessary. I will say the members of this society received the members of the American Institute of Homœopathy, and did their best to entertain them, and stuck pretty closely to them until they went away. I have been told they had a pretty good time, in fact, a jolly good time as many of them expressed it, but I should like, as one of the entertaining committee, to express my thanks to the other members of the reception committee for the assistance they gave me, and which was entirely unexpected, and for which I thank them. When the Institute was invited to Lake George, I had no idea I should receive any pecuniary aid in entertaining them; I expected to foot that little bill myself and had economized and deprived myself of the necessities of life to entertain them, but I am just so much in. The members started a subscription, and before I knew it money came flowing in upon me until I thought I was going to be made suddenly rich, and was going to have more than enough to meet the expense of the entertainment. I had plenty, and was only sorry I had, because it deprived me of the pleasure, which would have been a pleasure, of defraying the expenses of the entertainment. I believe the committee did their work satisfactorily, and I ask for its discharge.

The report was accepted and the committee discharged.

#### BUREAU OF CLINICAL MEDICINE.

Dr. E. Hasbrouck presented the report of the bureau

of clinical medicine, which comprised the following papers:

"Clinical Cases," by O. E. Pratt, M. D.

"Dead or Alive," by C. Bruchhausen, M. D.

"Notes on Chronic Gastritis in Children," by T. C. Duncan, M. D.

"The Utility of Medical Diversity," by Titus L. Brown, M. D.

"Glossitis," by M. A. Wilson, M. D.

"Diphtheria," by S. W. Skinner, M. D.

Dr. Couch called for the reading of the paper on glossitis.

The paper was read.

Dr. Boocock said the case looked to him more like one of calomel poisoning. I can give you a true case of glossitis, my wife being the patient. The root of the tongue was inflamed, and the tongue swelled and protruded, and became so large and elongated that it had to have a pillow to rest on; it was accompanied with a sense of choking. *Kali chloricum* cured that. She had another attack years after.

A Member.—I would simply ask, if it was a case produced by calomel, whether the doctor would have prescribed *Meurarius* to cure it.

Dr. Boocock.—The question is a close one. I think when a physician was called in who did not, perhaps, take in the previous treatment, and reasoned from the symptoms, he would give a dose. *Mercurius* may produce the disease and cure the same disease. Take the case of poisoning with *Rhus*. *Rhus* will cure the poison.

Dr. Couch moved that the bureau be closed, that the papers be referred to the Committee on Publication, and that Dr. Hasbrouck be re-elected chairman of the bureau. Adopted.

#### BUREAU OF SURGERY.

Dr. Carleton presented the papers in this bureau, which were as follows:

"Unusual History of Fatty Tumor," by E. Carleton, Jr., M.D.

"Cases from Practice, with Comments," by E. Carleton, Jr., M.D.

"The Topical Use of Sulphuric Acid in Necrosis," by H. I. Ostrom, M.D.

"Shock," by J. G. Gilchrist, M.D.

"A Case from Practice," by W. M. L. Fiske, M.D.

"Idiopathic Necrosis of the Pubic Bone," by C. L. Bagg, M.D.

"Clinical Cases in Surgery," by N. Osborne, M.D.

Dr. Hasbrouck moved that the bureau be closed and that Dr. M. O. Terry be chairman of the bureau for the ensuing year. Adopted.

Dr. Hasbrouck.—I decline to serve again as chairman of the Bureau of Clinical Medicine, as I believe it better to change the chairmen every year.

Dr. Waldo moved that Dr. Hasbrouck's resignation be accepted, and that Dr. Osborn be elected in his place. Adopted.

#### STATE BOARD OF HEALTH.

Dr. Waldo.—There is a matter of importance before the society upon which some action should be taken, namely, the State Board of Health. The Senate Committee on Public Health will hold a meeting at 3 o'clock to-morrow afternoon, at which homœopaths will have a chance to state their views. I move that the following committee be appointed to wait on the Senate committee and urge such arguments as they think proper: Drs. A. S. Couch, A. R. Wright, C. E. Swift, H. M. Paine, S. H. Talcott, J. J. Mitchell, W. M. L. Fiske, W. C. Doane, and A. P. Hollett. Adopted.

The report of the Bureau of Mental and Nervous Diseases and miscellaneous business was then laid over until the next morning, after the election of officers, and the society adjourned.

## EVENING SESSION, EIGHT O'CLOCK.

The society met in the New Assembly Chamber, Dr. Alfred K. Hills in the chair.

President Couch delivered the annual address, upon the subject, "Heredity and the Higher Duties of the Profession."

At the conclusion of the address, a vote of thanks to the president for his able address was adopted. Prof. Burdick moved that one thousand copies of the address be printed, and a copy sent to each member of the society, in an independent volume. Carried.

Prof. Dowling gave an exemplification of the sphygmograph and discussed its value as an aid to diagnoses.

The society then adjourned to attend the reception of Governor and Mrs. Cornell at the Executive Mansion.

## OBITUARY.

**FREEMAN.**—Warren Freeman, M.D., passed to his final rest April 5, at the age of 65 years. Dr. Freeman was born at Salem, Washington County, New York; graduated in medicine in the Homœopathic College in Philadelphia, and entered upon the active and successful practice of his profession in New York in 1854. Dr. Freeman was, in every sense of the word, a successful practitioner, winning public favor by his marked skill in his profession, his warm sympathies, his genial nature, and high social qualities. He left to his family the rich legacy of a spotless name, and a memory embalmed in the affections of all who knew him.

Dr. John H. Woodbury, late Professor of Gynecology in Boston University, died February 28th, 1880, of plastic or pseudo-membranous bronchitis.

## MEDICAL ITEMS AND NEWS.

In looking over a copy of the "Report on the Revision of the U. S. Pharmacopœia," prepared by a committee of the Am Pharmaceutical Association, and which gives at length a large number of new formulae, etc., I noticed on page 38, under the head of "Elatærinum," the following remarks:

"Owing to the acknowledged gradual deterioration of commercial *Elatærinum*, the proximate principle *Dlatærin*. Yet, the great similarity of name between *Platærin* and *Elatærinum* makes it doubtful whether both substances should be official at the same time. One remedy would be to avoid the use of *Platærin* as such in any prescription, and to introduce a new class of preparations of very general usefulness,\* particularly in the case of powerful remedies, which are prescribed in very small quantities, so as to be exactly weighed only with difficulty, namely: attenuations or triturations to be prepared by triturating one part of the substance with nine parts of sugar of milk, and to dispense only these dilutions when the substance is prescribed.

W. Y. C.

THE Western Academy of Homœopathy holds its next annual convention at Minneapolis, Minn., in joint session with State Society, June 1st, 2d, and 3d. There is every indication it will be the largest and most profitable session of this body. Communications, and applications for membership should be addressed to the general secretary, C. H. Goodman, M. D., St. Louis, Mo.

We desire to call the attention of the profession to the value of the "Milk of Magnesia" and "Cod Liver Oil combined with Phospho-Nutritine," made by C. H. Phillips. He uses phosphates in his preparations with great success.

\* Capitals only are our own.

THE New York Homœopathic Medical College held its commencement at Chickering Hall, and, after brief introductory remarks by the Dean, Prof. J. W. Dowling, Salem H. Wales conferred the degrees. The "Faculty Prize" of \$100, for the highest standing in all departments, was presented by Professor F. S. Bradford to James E. Lillenthal, of New York; and the prize for the highest proficiency in all the junior studies, a pocket-case of instruments, was presented by Mr. Wales to Chester Alfred Meyer, of New York. For the "Faculty Prize" the unsuccessful students obtaining the largest number of marks were Carroll Dunham, Robert M. Weed, Charles S. Barnes, Morris M. Youngman; for the junior prize E. J. Pratt, S. W. Clark, and W. K. Herbert. The valedictory in behalf of the graduates was delivered by James L. Beyea, who reviewed the present position of the physician, and pointed out his duties and responsibilities.

The Rev. Mr. Collyer concluded an address of half an hour's duration, which was brimful of humorous anecdotes touching the medical profession, with a few words on the importance of a courteous, gentle bearing and self-denying disposition, as characteristics of the good physician. When they settled, he said, it must be like a benediction upon the neighborhood; and the applause of the human heart—that silent, tender, unspeakably pathetic applause which is only heard by the angels—would be far grander and sweeter than any earthly praise.

The following are the persons upon whom the degrees were conferred: Charles F. Barnes, Jas. Louis Beyea, W. J. B. Capron, M. W. Cowan, W. A. Dewey, Perry Dickie, Carroll Dunham, Jr., Robert N. Flagg, Fraser C. Fuller, Wm. S. Garnsey, Arba R. Green, Clarence P. Holden, T. T. Howard, Jr., Emmet C. King, Endell N. Leake, James E. Lillenthal, Henry R. Maxson, R. E. McDonald, Gardner L. Miller, A. H. Pellette, George Porter, J. Edwin Russell, C. H. Shelton, Sam'l H. Smith, F. S. Sovereign, Chas. G. Sprague, Jacob Rosa Strong, Roswell D. Smith, Albert J. Spencer, Robert M. Weed, Edward M. Wine, Sidney F. Wilcox, M. D. Youngman.

DR. E. COOK WEBB has resigned his position as chief of staff of the Homœopathic Hospital, W. I., and has gone to Honolulu, and Dr. A. P. Williamson, late of the Middletown Asylum, has been appointed to the vacancy.

The following resolution was adopted:

"The medical board of the Homœopathic Hospital, W. I., desires to express to E. Cook Webb, M. D., on his retirement from his official position to enter upon active general practice, its high appreciation of the valuable services he has rendered to the hospital.

In losing Dr. Webb as chief of staff, the visiting physicians feel that they have lost an efficient and untiring officer, that they can but note the general improvement in the appearance of the institution since it came under his control."

At the annual meeting of the Allegheny Co. (Pa.), Homœopathic Medical Society, held December 12, 1879, the following officers were elected to serve for the ensuing year:

President, Dr. C. P. Seip; Vice-President, Dr. R. E. Caruthers; Treasurer, Dr. C. F. Bingham; Secretary, T. M. Strong. Board of Censors, Drs. Roussau, Childs and Martin. From its annual report we should say that the society was doing most practical work which must be of great interest to its members.

**MARRIED.**—On March 17th, at the bride's residence, by Rev. H. S. Cook, assisted by Rev. A. S. Hartman, J. Fletcher Nowell, M. D., of Greencastle, to Miss R. Annie Cook, of Chambersburg, Pa.